

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

## **Module 2: Information for Inpatient Abstractors**

**July 2011**

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## **Topics**

- Schedule for *Specification Manual* Revisions
- *Specifications Manual Version 3.3a*  
(2<sup>nd</sup> quarter 2011 through 4<sup>th</sup> quarter 2011 discharges)
- CDAC Validation Mismatch Educational Comments
- Miscellaneous Information

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# ***SCHEDULE FOR UPCOMING SPECIFICATIONS MANUAL REVISIONS***

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## ***Upcoming Inpatient Specifications Manual Publications***

<b>Manual Publication Date</b>	<b>Discharge Time Periods</b>
July 2011	1 <sup>st</sup> and 2 <sup>nd</sup> Quarters 2012
January 2012	3 <sup>rd</sup> and 4 <sup>th</sup> Quarters 2012

You can always download past, present, and future published versions of the *Specifications Manual* at:  
<http://www.qualitynet.org>  
("Hospitals-Inpatient" tab, "Specifications Manual" link)

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## ***Upcoming Inpatient Specifications Manual Publications***

- The *Specifications Manual* version 4.0 published in July contains final abstraction guidelines for the new Immunization National Hospital Inpatient Quality Measures:

### **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**

(Measures Influenza vaccination for all inpatients who are 6 months of age and older)

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## ***Upcoming Inpatient Specifications Manual Publications***

- The allowable values for the global immunization measures will be almost unchanged as compared with the allowable values for the current pneumonia measures.
- The major change is you will be abstracting a sample of all inpatient admissions – not solely pneumonia patients.
- Further details on abstraction of these new measures will be discussed in the October “In the Know” Webinars.

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# **SPECIFICATIONS MANUAL VERSION 3.3A**

## **2ND, 3RD, AND 4TH QUARTER 2011 DISCHARGES**

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## **Specifications Manual Changes 2nd Qtr 2011 – 4th Qtr 2011 Discharges**

- *Specifications Manual* version 3.3a changes were covered in both the January and April 2011 “In the Know” Webinars (Module 2).
- The recorded presentations and associated files for these modules can be accessed at:
  - <http://www.fmqai.com/HQDR-Inpatient-ED-2011.aspx>
  - <http://www.hsag.com/caproviders/events.aspx>

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## **Specifications Manual Changes 2nd Qtr 2011 – 4th Qtr 2011 Discharges**

- Copies of the slide handouts from these presentations also are included in the Helpful Documents files associated with this Webinar module.
- Abstractors are encouraged to review this information to ensure accurate abstraction of the data elements.
- If you have any questions pertaining to these changes or need any assistance with abstraction, please e-mail Becky or Lawanna as directed at the end of this Webinar.

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## **CDAC VALIDATION MISMATCH EDUCATIONAL COMMENTS**

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## CDAC Validation Mismatch Educational Comments

- Although the new validation process is now comparing measure outcomes (the case passed, failed, or was excluded from the measure), you still must monitor every data element mismatch and learn from your mistakes.
- How can you do this when your hospital is not in the current validation group\* and is not being validated?

\*The list of 800 hospitals selected for validation is posted on QualityNet at:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>

(QualityNet, “Hospitals-Inpatient” tab, “Hospital Inpatient Quality Reporting Program” link, blue box on the right side of the page)

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## CDAC Validation Mismatch Educational Comments

- A random review of Validation Case Detail Reports showed that some record copies still are being sent to the CDAC with missing documentation.
- The review also revealed that:
  - Abstractors are missing critical documentation resulting in data element mismatches; and
  - More often than not, these mismatches result in measure outcome mismatches.
- Of special interest, it was noted that many of these mismatches have been discussed multiple times in previous “In the Know” Webinars . . .

*Note: The italicized text on the following pages is verbatim from Validation Case Detail Reports' educational comments.*

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## CDAC Validation Mismatch Educational Comments

### Mismatches Affecting Multiple Measures

- **Comfort Measures Only:**
  - Found "Discuss Hospice with family" on PPN dated 06/28/10. Patient arrived on 06/26/10. Hospice is an inclusion for this data element. Per guidelines, if any of the inclusions are documented by a physician, select 1, 2, or 3 accordingly unless otherwise specified.
  - Found the inclusion "brain death" listed as #4 under the Assessment section on the 9/2 Consult report; select value 1.
  - Unable to find physician/APN/PA documentation of comfort measures only during this hospital stay. Found DNR on physician order 8/18/10 at 11 a.m.; however, DNR is not an inclusion for CMO.

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## CDAC Validation Mismatch Educational Comments

### AMI Mismatches

- **Reason for No Beta-Blocker at Discharge:**
  - Unable to locate documentation in submitted medical record of a reason for not prescribing a beta-blocker at D/C. Provider's answer not found. No Physician Orders or Progress Notes found in submitted record.
- **LVSD:**
  - Found "moderate left ventricular systolic dysfunction" documented under impression on the Echo Report 6/28/10. This is found on Inclusion List A: Moderate/Severe LVSD. Per guidelines, the Impression/Conclusion section of report takes priority over other sections. Select Yes to LVSD.

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## CDAC Validation Mismatch Educational Comments

### AMI Mismatches

- **Initial EKG Interpretation:**

- Found left bundle branch block on the initial EKG tracing dated 7/30/10 at 20:05. Per guidelines, select YES if there is documentation of ST-segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to hospital arrival.
- Found "EKG #1 showed ST elevations in III and aVF . . . and all leads compatible with acute inferior MI" documented on the ED Provider Notes. Pt. had 2 EKGs performed in the ED and this statement refers to the initial EKG. Initial EKG tracing not included in submitted record. Per guidelines, if the interpretation that refers closest to arr EKG includes at least one inclusion, select YES.

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## CDAC Validation Mismatch Educational Comments

### AMI Mismatches

- **Initial EKG Interpretation:**

- Unable to locate acceptable documentation of ST elevation or LBBB on the initial EKG tracing or interpretations. The Consult report has "EKG showing evidence of LVH, but noted with possible strain versus ST segment elevation. Per guidelines, documentation which cannot be tied to the EKG performed closest to arrival should not be used.

- **Aspirin/Beta-Blocker Prescribed at Discharge:**

- Only ER documentation found within the submitted record; therefore, unable to locate documentation of aspirin/beta-blocker prescribed at discharge.

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## **CDAC Validation Mismatch Educational Comments**

### **Heart Failure Mismatches**

- **Discharge Instructions/Medications:**
  - *Found documentation of Isordil and Digoxin listed as discharge medications on the Transfer/Discharge Medication Review & Order Sheet; however, they are not listed on the Discharge Medication List given to the patient. Per guidelines, ALL DC meds must be listed by NAME on written DC instructions given to the patient. Digoxin is listed on a prescription; however, per guidelines, discharge medication instructions given only in the form of written prescriptions is not acceptable.*

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## **CDAC Validation Mismatch Educational Comments**

### **Heart Failure Mismatches**

- **Discharge Instructions/Medications:**
  - *Found documentation of Discharge Instructions with discharge medications listed; however, unable to determine if the DCI was given to the patient. There is no indication of this. Per guidelines, documentation must clearly convey that the patient was given a copy of the material to take home. Also there are numerous discharge medications listed on the DC summary that are not listed on the DCI. Per guidelines, ALL DC meds must be listed by NAME on written DC instructions given to the patient.*

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## CDAC Validation Mismatch Educational Comments

### Heart Failure Mismatches

- **Discharge Instructions Address...:**
  - *Unable to locate provider's answer of YES to this variable. In submitted medical record, no WRITTEN discharge instructions or other documentation of educational material was found as given to the patient/caregiver addressing the patient's activity level after discharge.*
- **LVF Assessment:**
  - *Found documentation of chronic systolic and diastolic heart failure on the H and P. Per guidelines, systolic failure is an inclusion for this element.*

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## CDAC Validation Mismatch Educational Comments

### Heart Failure Mismatches

- **ACEI Prescribed at Discharge:**
  - *Unable to find an ACEI prescribed at discharge in the submitted medical record.*
- **Adult Smoking History:**
  - *Found Habits/Dependencies: Tobacco 6 cigarettes a day and the patient has smoked cigarettes in past 12 months on page 43 of 168 of the Patient Data Profile. Per guidelines, if there is definitive documentation in the ONLY ACCEPTABLE SOURCES that patient either currently smokes or quit less than one year prior to arrival select YES regardless of whether or not there is conflicting documentation.*

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

- **Adult Smoking History:**

- Found history of tobacco use on H&P; however, this is not a current finding for inclusion of this data element. Per guidelines, if there is no definitive documentation of current smoking or smoking within one year prior to arrival in any of the ONLY ACCEPTABLE SOURCES, select NO.
- Unable to find documentation that the patient smoked cigarettes anytime during the year prior to hospital arrival on any of the Only Acceptable Sources. Found "current recent smkr(< 1 yr): Y" on page 254 of the Cath Event Log, but, this is not an acceptable source. Found Social History: "Tobacco use—Cigars" on page 262. Per guidelines, cigars are an exclusion for smoking history, therefore, select NO.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

- **Antibiotic Received:**

- In addition to the ABX given during the stay, found PO Clindamycin listed as a current home medication on the Transfer/Discharge Medication Review and Order sheet last reviewed on the day of admission. Per guidelines, antibiotics listed as "current" or "home meds" should be inferred as taken within 24 hours or the day prior to arrival, unless there is documentation they were Not taken within the last 24 hours.
- Found on the D/C Summary under HPI, a note that "The patient just started Ciprofloxacin this morning, but, so far, she just does not feel good." This is an inclusion for having received abx within 24 hrs or the day PTA; answer 2.
- Found on the ED Physician Note under HPI, a note, "Saw Dr. Xxxxx today and started on Levaquin." This is an inclusion for an abx taken within 24 hrs PTA; answer 2.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

#### ■ Pneumonia Diagnosis: ED/Direct Admit:

- Found diagnosis of pneumonia on admit order; however, this order was not written by the ER physician. There is a differential diagnosis of pneumonia on the ED record; however, final impressions are only acceptable for this data element. Found no diagnosis of PNA on any acceptable ER source: ER records, Admit note or Admit orders signed by the ER physician or an ER H&P. Per guidelines these are the only acceptable sources to find diagnosis of PNA for ER admits.
- Found on pg. 18 of the typed ED Provider Notes, under Addendum, a note, "As expected this increased the time to make the diagnosis of pneumonia." This is a diagnosis of PN made by the ED physician, on ED documentation within 30 days of D/C. This Addendum is acceptable to collect as a Dx of PN in the ED; answer 1.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

#### ■ Healthcare Associated Pneumonia:

- Found on the Record of Admission, a Date Last ADM. of 7/13/10. It is also noted on the Emergency Physician Record under HPI that the pt. "was in hospital last week." This is a prior admission within the past 90 days and per guidelines, an inclusion for a risk for healthcare associated pneumonia; answer YES.
- Patient came to hospital from Xxxxxxx Rehab listed as a nursing home on face sheet and admission note. Per guidelines, residence in a nursing home or extended care facility for any amount of time within the last 90 days is an inclusion.
- Unable to verify. Found no documentation the patient had risk for healthcare-associated pneumonia.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

- **Chest X-ray:**
  - Found on the D/C Summary under Hospital Course, a note, "His Chest x-ray suggested a possible left basilar infiltrate." An infiltrate is an inclusion for an abnormal CXR found on a CXR done during the stay; answer 1.
- **Pneumococcal Vaccination Status:**
  - Found no documentation in the submitted record to indicate that the pt. had a pneumococcal vaccine in the past. Found no documentation as to the pt.'s Pneumococcal Vaccine status; answer 5 - None of the Above/UTD.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

- **Blood Culture Collected:**
  - Only received 15 pgs. of the medical record, mostly ER documentation, labs were not included. Found an adm order time that appears to be 1000 on the ER phy record. Also found an order for bld cult on the ER Outpt record; however it appears to be signed off by KO @1118 which would make the bld cult collected during this hosp but after adm order for ED patients. Per guidelines, for the purposes of this measure a pt. is no longer considered an ED pt. after the adm order is written, regardless of location.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

- **Blood Culture Collected:**
  - Found on the Microbiology report under Blood Culture a collection date and time of 8/3/10 at 2230. Found on the Computerized Orders a physician Admit to Inpatient date and time of 8/4/10 at 0004. Found on the ED Physician Note, under Plan, a physician "Disposition: Admit" time of 8/3/10 at 2351. Per guidelines, if a BC is collected prior to the earliest physician admission time you would select 1; answer BC collected in the ED prior to admission.

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## CDAC Validation Mismatch Educational Comments

### Pneumonia Mismatches

- **Antibiotic Dose (grid):**
  - Found IV Ceftriaxone given at 18:30 on undated MAR. Per guidelines, if all information is not contained in a single data source for that specific antibiotic, select UTD for the missing information.
  - Found IV Ceftriaxone given 07/28/10 with time cut off of copy on ED order sheet. Per guidelines, if all information is not contained in a single data source for that specific antibiotic, select UTD for the missing information.

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## CDAC Validation Mismatch Educational Comments

### SCIP Mismatches

- **Infection Prior to Anesthesia:**
  - Found infection during this hospitalization prior to the principal procedure on the physician ED record, under diagnostic test results, CT SCAN showing perforation of bowel, and abscess and under impression stating acute abdomen. All of these are inclusions for infection and documented prior to the surgery done 6/29 at 1934–2233.
  - Found documentation on the ED record dated 05/27 (DOS 05/28) that an abdominal CT was ordered to rule out free air in the abdomen. This is an inclusion for infection prior to the principal procedure.
  - Found documentation of R/O Appendicitis on the ED record dated 06/23. The principal procedure is on 06/25. This is an inclusion for infection PTA.

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## CDAC Validation Mismatch Educational Comments

### SCIP Mismatches

- **Infection Prior to Anesthesia:**
  - Found infection during this hospitalization prior to the principal procedure on the physician ED report. Found under impression, acute abdomen and pneumonia both which are inclusions for infections. Surgery was done 8/25.
  - Found patient had an infection during this hospitalization prior to the principal procedure performed on 7/27. Found on consult dictated on 7/25 page 2 under assessment and plan; possibilities include "cholecystitis," which is an inclusion for infection.

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## **CDAC Validation Mismatch Educational Comments**

### **SCIP Mismatches**

- **Laparoscope:**
  - Found documentation on the operative report that the incision was slightly enlarged. Per guidelines if there is documentation of an extension of the laparoscopic insertion site select NO.
  - Found that the principal procedure performed on 7/29 was not entirely done laparoscopic, documented on Operative report page 12 as, "the midline wound was opened."

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## **CDAC Validation Mismatch Educational Comments**

### **SCIP Mismatches**

- **Perioperative Death:**
  - Found no documentation that the patient expired during the time frame from surgical incision; (7/21 at 2357) through discharge from the PACU; (7/22 at 0315) documented in submitted record. Patient expired (pronounced) on 7/22 at 2157 documented on Code Blue Record and resuscitation documentation tool.
- **Anesthesia End Time:**
  - Found no acceptable anesthesia end time on the anesthesia record. Found time of 19:00 labeled as the anesthesia end time on page 2 of the patient progress notes dated 06/25.

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## CDAC Validation Mismatch Educational Comments

### SCIP Mismatches

- **Antibiotic Received:**
  - *Unable to locate documentation antibiotics were received only during the hospital stay in the submitted record. No Anesthesia or Operating Room documentation was included. Found no other documentation to support . . . (Impacted all three SCIP cases submitted to the CDAC.)*
- **Antibiotic Dose (grid):**
  - *Cleocin IV 7/7 at 1030 was found given documented on surgical checklist as 1st dose administered prior to incision time of 7/7 at 1101. Per guidelines abstract 1st dose, last dose, and dose closest to incision of each specific antibiotic/route to 48 hours after anesthesia end time. No other doses were found within the time frame because no MARs were found in CDAC's submitted copy.*

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## CDAC Validation Mismatch Educational Comments

### SCIP Mismatches

- **Temperature:**
  - *Found forced warming air on the periop record. Forced warming air is an active warming device.*
  - *Found no documentation of at least one body temperature greater than or equal to 96.8 degrees Fahrenheit/35 degrees Celsius within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time 7/21 at 1445 documented in submitted record.*
  - *Found active warming performed intraop documented on intraop nursing record page 2 of 3 as a Bair Hugger was used; which is an inclusion.*

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## CDAC Validation Mismatch Educational Comments

### SCIP Mismatches

#### ■ Urinary Catheter:

- Found documentation that foley catheter was placed prior to principal procedure performed on 7/16, documented on 7/16 intake/output sheet as foley in place at 0700. Patient arrived at the hospital at 7/16 at 0700 documented on Patient Demographics, therefore foley was placed on arrival.

#### ■ Catheter Removed:

- Found no documentation that the urinary catheter was removed on POD 0 (7/21) through POD 2 (7/23) documented in submitted record. No nursing notes were in CDAC's submitted copy.
- Found no documentation that the urinary catheter was removed on POD 0 (9/4) through POD 2 (9/6). Found foley still in place on 9/7 at 0000 documented on nursing notes page 169.

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## CDAC Validation Mismatch Educational Comments

### SCIP Mismatches

#### ■ VTE Prophylaxis/Timely:

- GCS; anti-embolic stockings were found on the day of surgery documented on 7/30 at 1545 nursing notes page 287. As per guidelines abstract GCSs were applied within 24 hours prior to surgical incision time to 24 hours after anesthesia end time.
- IPCs were found ordered the day of surgery performed on 9/4 documented on physician orders 9/4 at 1018. As per guidelines abstract IPCs ordered anytime from hospital arrival to 24 hours after anesthesia end time. However IPCs were not found applied within 24 hours prior to or after surgery documented in submitted record. Anesthesia end time: 9/4 at 1020. IPCs applied were not found documented in CDAC's submitted record.

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## **CDAC Validation Mismatch Educational Comments**

### **SCIP Mismatches**

- **Reason for Not Administering VTE Prophylaxis:**
  - *Found documentation of a reason for not administering pharmacological VTE prophylaxis documented on perioperative record as PRBCs administered during principal procedure 7/21. Per guidelines blood products administered intraoperatively and documented on the anesthesia record or in the operative report should be considered an order for transfusion.*
  - *Found documentation of a reason for not administering pharmacological VTE prophylaxis within 24 hours post anesthesia end time. Anesthesia end time: 7/30 at 1200. Found Thrombocytopenia documented on page 1 of 2 of consult dictated 8/1 at 1004.*

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## **CDAC Validation Mismatch Educational Comments**

### **SCIP Mismatches**

- **Reason for Not Administering VTE Prophylaxis:**
  - *Found documentation on the anesthesia record dated 05/28 that the patient received albumin intraoperatively. This is an inclusion for a reason for not administering pharmacological VTE prophylaxis.*

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## **MISCELLANEOUS INFORMATION**

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### **Core Measure Q&As for Educating Hospital Professional Staff**

- The following questions were recently posted on the National SCIP Listserve and answered by Dale Bratzler, DO, MPH, Medical Director for the national Hospital QIO Support Center during the CMS QIO 9th Scope of Work:

**Q:** Where do the measures originate?

**A:** *The measures are all based on published guidelines with input from practicing physicians and specialty societies. Each measure set has a technical expert panel which usually includes authors from the specialty society guidelines that meet quarterly to update the measure specifications. All measures are submitted to the National Quality Forum for endorsement. The endorsement process includes the opportunity for public comment from anyone.*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

**Q:** Where are the studies, and are they within the last five years?

**A:** *Actually, there are many studies that are decades old that were not routinely incorporated into practice. Use of aspirin and beta-blockers for heart attack, ACE inhibitors for heart failure, etc., have been studied for more than 30 years and yet have not been universally adopted in practice (remember that the first papers on antibiotic timing to prevent infection were published in the 1950s). There is nothing magic about studies published in the past five years as it often takes 10–17 years to incorporate evidence into practice. As noted before, technical expert panels made up of current guideline authors review the measures quarterly. The measure stewards often know about changes in evidence before guidelines are formally changed.*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

**Q:** These measures appear to be only for the hospital benefit. Why do physicians have to follow them?

**A:** *The “core measures” are profiled at the hospital level and do impact hospital payment. In October 2012, hospitals who perform poorly on the measures will see reduced reimbursement (based on care for patients starting July 1, 2011!). How long will your hospital’s Board allow physicians to not follow evidence-based measures if the hospital starts having funding losses because of it?*

*As I have noted many times before, physician reporting of quality metrics is currently voluntary but won’t be for long. They too will be held accountable for the same type of metrics (including many that overlap with the hospital measures).*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

**Q:** Which professional organizations developed these measures?

**A:** *Depending on measure set, the measures are developed by contractors to the Centers for Medicare & Medicaid Services, by The Joint Commission, and by others. But as mentioned before, the actual details of the measures are developed by medical and surgical specialty societies based on published guidelines. CMS and The Joint Commission, among others, put the infrastructure in place to collect and report measures. The actual measures come from evidence-rated published guidelines.*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

**Q:** Who is mandating this?

**A:** *Congress for one. In 2008, the Medicare modernization Act (signed by President Bush) required hospitals to report 10 quality measures or lose 0.4% of the Medicare market basket update. The Deficit Reduction Act of 2005 (signed by President Bush) increases the percentage of the Medicare market basket update loss to 2% and authorized the Secretary of HHS to increase the number of required measures for public reporting. The Affordable Care Act (health reform bill) signed by President Obama required the implementation of value-based purchasing (pay-for-performance) for hospitals beginning in FY 2013 (October 1, 2012).*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

*(Who is mandating..., cont.)*

*Also, remember that consumer groups are demanding transparency of the health care system.*

*Finally, this stuff works. It is amazing how quickly physicians and hospitals start complying with published guidelines when you start measuring performance, reporting it publicly, and attaching payment penalties to it!*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

**Q:** Who wrote the guidelines?

**A:** *Specialty societies. CMS and The Joint Commission do not write guidelines. They work with expert panels of physicians to build performance measures that are based on published evidence-rated guidelines, and then vet them through the National Quality Forum.*

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## **Core Measure Q&As for Educating Hospital Professional Staff**

**Q:** The bottom line is [some] physicians are not buying core measures about patient care. I need hard evidence that shows these guidelines are the right thing for all patients in our hospital.

**A:** *Well, might as well get used to it. It is not going away, and they will soon enough be required reporting at the physician level (review the HITECH Act sometime around meaningful use and payment penalties for physicians failing to report quality metrics). Talk to Consumers Union sometime and look at their website. They want transparency around issues of patient safety, infections, and quality performance.*

*Ask the physicians to provide “hard” evidence that these are not the right things to do for patients.*

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## **Helpful Documents and Resources**

- HIQRP Calendars, 3<sup>rd</sup> and 4<sup>th</sup> quarters 2011
- January 2011 “In the Know” Module 2 Slide Handouts
- April 2011 “In the Know” Module 2 Slide Handouts
- Technical Expert Panel Lists (October 2010)

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## 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

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## 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>

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## Questions?

- Please complete the short online survey at the end of this Webinar. Questions and other 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**.

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

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*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>

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California and Florida “In the Know”  
Module 2: July 2011



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