

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

April 28, 2010

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QIO RHQDAPU Objectives

- To promote and support providers with abstraction, submission and reporting of inpatient quality data for two initiatives:
 - Annual Payment Update (APU)
 - The Hospital Quality Alliance (HQA) voluntary public reporting initiative
- To improve the accuracy, timeliness and completeness of data submitted to the QIO Clinical Warehouse

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Agenda

- Abstraction and Validation: Trends, Tips, and Reminders
- Upcoming Submission and Public Reporting Deadlines
- *Specifications Manual, Version 3.1, Revision Reminders*
- Miscellaneous Information

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Abstraction & Validation: Trends, Tips, and Reminders

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Trends...

- Compared to 2009, there are fewer failures in general for both FL and CA
- Failures are mostly for the same reasons that we have reviewed in the past
 - Parent/child combinations
 - Not reading the Data Dictionary definitions
 - Abstracting based on clinical knowledge or knowledge of hospital practices and not on the *Specifications Manual* guidelines

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Tips...

1. Each quarter, identify data elements that might be used for excluding cases, that you find hard to abstract, and/or that the CDAC keeps abstracting differently than you.
2. **READ the Data Dictionary instructions for each data element you identify!**
3. Review the current Quest Q&A for the data elements in question.
4. E-mail us with your abstraction questions whenever you are unsure!

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Validation and Clinical Data Reminders...

- Q3 2009 Validation will complete your four quarters for FY 2011 APU
- Q4 2009 clinical data must be uploaded to the QIO Clinical Data Warehouse!
 - Will not be validated
 - But will be included as one of the four rolling quarters in the September 2010 Hospital Compare “refresh”

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New Validation Process...

- No new details have been released to QIOs as of this time
- Recommend hospitals review the following files in the “Helpful Documents” folder attached to this webinar:
 - Validation Overview Fact Sheet
 - FY 2011 Proposed Rule (pages 455-465)

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Questions on Upcoming Measures and RHQDAPU Changes?

- See the FY 2011 Proposed Rule in the “Helpful Handouts” folder:
 - History and progression discussion (pgs 389-393)
 - New AMI-Statins at discharge measure (pg 405)
 - Participate in 1 registry out of 4 and authorize release of data (pg 410)
 - Global vaccination (pg 425)
 - Chart validation proposals (pgs 455-465)
 - Reconsideration and appeal procedures for FY 2011 (pg 467)

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Questions on Upcoming Measures and RHQDAPU Changes?

- Comments to the FY 2011 Proposed Rule will be accepted until June 18, 2010 2359 ET
 - If you have a comment on a section of the Proposed Rule follow the below link
 - www.Regulations.gov

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QNet Security Violations Reminders

- Common Security Violations
 - Using the User ID and password of someone who is no longer at the hospital or in your department
 - Using someone else's User ID and password even when they are sitting next to you and told you to use them
 - Contacting the QNet Help Desk or QIO and providing them with both your User ID *and* password

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QNet Security Violations Reminders

- ***CMS considers these to be critical security violations!***
 - The person who "owns" the User ID and password will be locked out of QNet
 - The person who uses someone else's User ID and password could be denied access to QNet
 - The hospital may lose access to QNet and not be able to meet APU requirements, resulting in not receiving their full APU

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QNet Security Violations Reminders

- How to prevent QNet security violations
 - The primary hospital QNet Security Administrator should educate *all* new users on QNet security expectations
 - All users need to protect their User ID and password from being used by anyone else
 - Never use someone else's User ID and password
 - When requesting assistance on accessing QNet, never give out your password (It isn't needed!) 13

Upcoming Deadlines: Data Submission & Public Reporting

Hospital Compare Preview Period Ends May 8, 2010

- The deadline for hospitals to submit new pledges, modify existing pledges, or request suppression of any of their data is
May 8, 2010

- Hospital Compare is scheduled to be refreshed in June, 2010

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Hospital Compare June 2010 Release

Data Timeframes

- Clinical Process Measures (AMI, HF, PN, SCIP)
 - Aggregate rate of four "rolling" quarters
 - 4th quarter 2008 through 3rd quarter 2009
- HCAHPS
 - Patient satisfaction survey data from four "rolling" quarters
 - 4th quarter 2008 through 3rd quarter 2009

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Hospital Compare June 2010 Release

Data Timeframes

- Systematic Cardiac Database Structural Measure
 - Reflects data submitted last summer on hospital participation in a registry during 1st and 2nd quarters of 2009
 - Updated annually in December
- 30-Day Mortality and Readmission Outcome Measures (AMI, HF, PN)
 - 3rd quarter 2006 through 2nd quarter 2009
 - Update annually in June

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Upcoming Data Entry: Structural Measures Participation

- Requires QNet data entry regarding your hospital's participation in any of the following Systematic Clinical Database Registries:
 - Cardiac Surgery
 - Stroke Care **(New!)**
 - Nursing Sensitive Care **(New!)**

These are information gathering measures only!

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Upcoming Data Entry: Structural Measures Participation

- Goal is to collect information on hospitals' participation or non-participation in these types of registries between January 1, 2010 and June 30, 2010
- Submission dates via QNet are anticipated to begin July 1, 2010 and run through August 15, 2010
- There is no expectation or requirement for participation in any of these registries!

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Upcoming Data Entry: Data Accuracy and Completeness

- CMS Requirement
- Web-based data entry via QualityNet
- Submission timeframe anticipated to be from July 1, 2010 through August 15, 2010
- Will not be released on Hospital Compare

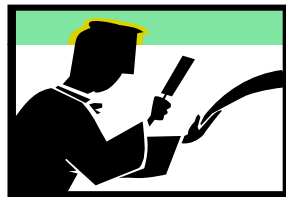
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Specifications Manual

Version 3.1

April 1, 2010 – September 30, 2010 Discharges

Revision Reminders



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Specifications Manual

Version 3.1

Multi-Measure Revisions & Additions

Comfort Measures Only

- Added "Excluded Data Sources: Restraint order sheet"
- This now means that if you see a comfort measures inclusion term on a restraint order, you will not abstract it
- Continue looking in the other data sources for documentation of ANY Inclusion terms!

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Specifications Manual Version 3.1

Multi-Measure Revisions & Additions

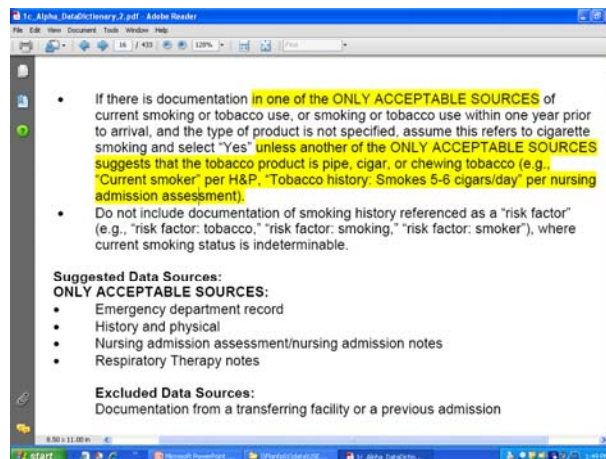
Adult Smoking History

- Changes were made to clarify how to abstract cases where one source does not specify the type of product smoked and another suggests tobacco product other than cigarettes.
- Also provided additional examples of what is "definitive" documentation of current smoking and what is not.

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Specifications Manual Version 3.1

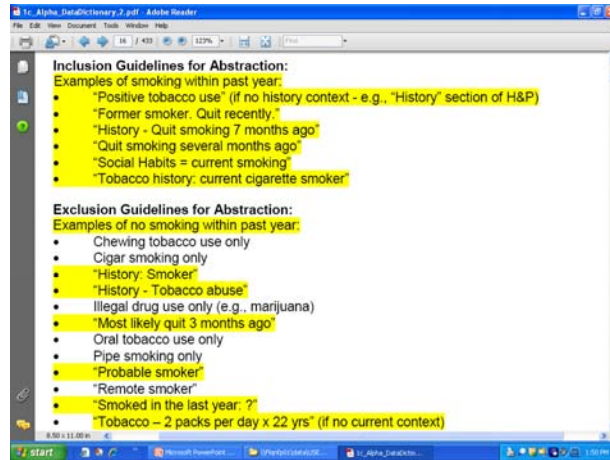
Multi-Measure Revisions & Additions



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Specifications Manual Version 3.1

Multi-Measure Revisions & Additions



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Specifications Manual, Version 3.1

TOPIC Specific Revisions & Reminders

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Specifications Manual, Version 3.1 Pneumonia Revisions

PN-6, Initial Antibiotics Selection

- All ICU patients with beta-lactam allergies are excluded from the measure
- Antibiotic Consensus Recommendations
 - Deleted ICU beta-lactam allergy recommendations
 - Some changes have been made for non-ICU patients with beta-lactam allergy and pseudomonal risk

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Specifications Manual, Version 3.1 Pneumonia Revisions

Antibiotic Consensus Recommendations

- Non-ICU patients with beta-lactam allergy and pseudomonal risk:
 - Aztreonam (IV **or IM**) + Antipneumococcal Quinolone (IV **or oral**) + Aminoglycoside (IV **or oral**)
 - or**
 - Aztreonam (IV **or IM**) + Levofloxacin (IV or oral)

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Specifications Manual, Version 3.1 Pneumonia Revisions

Another Source of Infection

- Combination of two former data elements
- Can be suspected or identified
- Physician/PA/APN documentation of named bacterial infections outside the respiratory tract, or
- Lab results ONLY from the following positive tests:
 - Culture (blood, urine, sputum, wound, etc.) for bacteria
 - Urinary antigen test for *Streptococcus pneumoniae* or *Legionella pneumophila*
 - *Polymerase Chain Reaction (PCR) test for Legionella pneumophila*

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Specifications Manual, Version 3.1 Pneumonia Revisions

Chest X-ray

- “**Prioritized** Data Sources” are now “**Suggested** Data Sources”
- Sources are listed in the order most likely to find documentation of acceptable terms, but
- Any documentation in the chart may be used!
 - Find inclusion term, abstract #1 and move on
 - Don’t find inclusion term, keep looking through entire record

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Specifications Manual, Version 3.1 Pneumonia Revisions

Chest X-ray

- Numerous changes and additions have been made to the "Notes for Abstraction" and the "Inclusion List"
- Strongly recommend abstractors review this data element's definition in the Data Dictionary before beginning to abstract 2nd quarter 2010 discharges!

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Specifications Manual, Version 3.1 Pneumonia Revisions

Initial Blood Culture Collection Date/Time

- Added: If there is supportive documentation that a blood culture was collected and it is the earliest mention of a blood culture, this date and time can be used
 - Examples: "BC sent to lab" and "Blood culture received time"
- Documentation must specify "blood **culture**"
 - "Blood drawn" would be unacceptable

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Specifications Manual, Version 3.1 Pneumonia Revisions

PN-3a, Blood Cultures on ICU Patients

- Rationale for this measure has been updated significantly
- Based on recommendations from the *IDSA/ATS Consensus Guidelines on the Management of Community-Acquired Pneumonia (CAP) in Adults* (published in 2007)

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Specifications Manual, Version 3.1 Pneumonia Revisions

Table 5, Clinical Indications for More Extensive Diagnostic Testing *

Indication	Blood Culture	Sputum Culture	Legionella UAT	Pneumococcal UAT	Other
Intensive care unit admission	X	X	X	X	X ^a
Failure of outpatient antibiotic therapy		X	X	X	
Cavitary infiltrates	X	X			X ^b
Leukopenia	X			X	
Active alcohol abuse	X	X	X	X	
Chronic severe liver disease	X			X	
Severe obstructive/structural lung disease		X			
Asplenia (anatomic or functional)	X			X	
Recent travel (within past 2 weeks)			X		X ^c
Positive Legionella UAT result		X ^d	N/A		
Positive pneumococcal UAT result	X	X		N/A	
Pleural effusion	X	X	X	X	X ^e

* Mandell LA, Wunderink RG, Anzueta A, Bartlett JG, Infectious Diseases Society of America; American Thoracic Society. Infectious Diseases Society of America/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults. *Clin Infect Dis*. 2007 March 1;44 Suppl 2:S27-72.

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

SURGICAL INCISION TIME

EXCEPTIONS

- A. Cystoscopy:** Additional clarification added to description.
- “If no stents were placed **OR** if no antibiotics were given prior to the start of the Principal Procedure, use the time that the Principal Procedure began as the *Surgical Incision Time*.”

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

SURGICAL INCISION TIME

EXCEPTIONS

- B. Laparoscopy to Open:**
- Lap-assisted procedures, or Lap with extensions or additional extensions are not considered Lap to Open Procedures for abstraction of this exception **UNLESS** the procedure actually converts to open

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

SURGICAL INCISION TIME

Lap to Open

- **If you cannot find a time...Before using UTD**
- Carefully review the record for other terms/phrases (ex: open start time) that would depict the open incision time
- Check circulators record and anesthesia record for this documentation

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

SURGICAL INCISION TIME

Lap to Open

- **However, If you still cannot find a time.....**
- You may want to review the new changes for the data element *Surgical Incision Time* with your physicians
- Develop documentation that will clearly show the incision time for the open procedure or when the case is converted

Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

SURGICAL INCISION TIME

EXCEPTIONS

- C. Multiple Procedures:** No changes in the verbiage.
 - Reminder of directions for abstraction. “the *Surgical Incision Time captured will be the incision that occurs first and the Anesthesia End Time will be the end time that occurs last.*”

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

SURGICAL INCISION TIME

- Reminder! The Guidelines for Abstraction and the Priority List have been revised!
- Please review the *Specifications Manual* when you start abstracting *Surgical Incision Time!*

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

- Follow the priority order within the Inclusion Lists
- If multiple times are found, use the earliest time among the highest priority
- Terms/synonyms are alphabetized, not prioritized

Version 3.0	Version 3.1
<p>First priority: Incision Time</p> <ul style="list-style-type: none"> ▪ Begin time ▪ Operation start time ▪ Procedure start time ▪ Start of surgery (SOS) ▪ Surgery start time ▪ Symbol used on grid and indicated in legend to be incision time 	<p>First priority:</p> <ul style="list-style-type: none"> ▪ Surgical Incision Time ▪ Incision (with a time) ▪ Incision began ▪ Incision made ▪ Incision start ▪ Incision time

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

Version 3.0	Version 3.1
<p>Second priority:</p> <ul style="list-style-type: none"> ▪ Chest time ▪ Leg time ▪ Skin time ▪ Sternotomy time 	<p>Second priority:</p> <ul style="list-style-type: none"> ▪ Surgery begin time ▪ Operation start time ▪ Procedure start time ▪ Start of surgery (SOS) ▪ Surgery start time ▪ Symbol or letters used on graph or grid to represent incision time

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

Version 3.0	Version 3.1
Third priority: <ul style="list-style-type: none">▪ Anesthesia begin time▪ Anesthesia start time▪ Operating room start time	Third priority: <ul style="list-style-type: none">▪ Chest time▪ Leg time▪ Skin time▪ Sternotomy time Fourth priority: <ul style="list-style-type: none">▪ Anesthesia begin time▪ Anesthesia start time▪ Operating room start time

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

INFECTION PRIOR TO ANESTHESIA

ADDED "EXCEPTION"

- In order to abstract "yes," must meet two criteria:
 - Principle Procedure has to be a Joint Revision
 - and**
 - A culture has to be obtained prior to the administration of the prophylactic antibiotic

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

INFECTION PRIOR TO ANESTHESIA

- Additional Inclusion Terms
 - Endometritis
 - Free air in abdomen
 - Perforation of bowel

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

INFECTION PRIOR TO ANESTHESIA

- Exclusion Guidelines for Abstraction
 - Bacteria in urine (Bacteriuria)
 - “carditis” (such as pericarditis) without mention of an infection
 - Colonization or positive screens for MRSA, VRE, or for other bacteria

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

INFECTION PRIOR TO ANESTHESIA

- Exclusion Guidelines for Abstraction
 - Fungal infections
 - History of infection, recent infection or recurrent infection not documented as a current or active infection
 - Viral infections

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

REASONS TO EXTEND ANTIBIOTICS

- Specific physician documentation has to be written or dictated after surgery and within 2 days (3 days for CABG or Other cardiac Surgeries) following the principle procedure
- The reason for extending the antibiotic must be correlated with the physician's decision to extend the use of the antibiotic past 24 hours (48 hours for CABG or Other Cardiac Surgery) after *Anesthesia End Time*.

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

REASONS TO EXTEND ANTIBIOTICS

- Value "6" "There is documentation within 2 days following the principal procedure with the day of surgery being day zero that a culture was taken of the operative site after incision, prior to administration of the prophylactic antibiotic prior to a principal procedure that was a joint revision surgery."

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

REASONS TO EXTEND ANTIBIOTICS

- Please be familiar with the Allowable Values and the requirements for abstraction
- Select all that apply

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

ANESTHESIA START/END TIME/DATE

- Starting with April 1, 2010 discharges, the anesthesia record will be the **PRIORITY** source for abstraction.

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

ANESTHESIA START/END TIME

- Why is Anesthesia Start/End Time Important ???
- *Anesthesia Start Time* is used for SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
- *Anesthesia End Time* is used for SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-10, SCIP-VTE-1, SCIP-VTE-2
- You will fail these measures if you do not have an *Anesthesia Start/End Date/Time*

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

TEMPERATURE

- The *Specifications Manual* requires the abstractor to find documentation that the patient was warmed by one of the acceptable modalities for active warming within the peri-op time period
 - Forced Air Warming
 - Warm Water Garment
 - Conductive, Over the Body

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

TEMPERATURE

Conductive, Over the Body

- This is the only modality given for active warming that **REQUIRES** documentation that it was placed over the patient
- Forced Air Warming Devices and Warm Water Garments do not have to show placement over the patient

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

VTE

- VTE Prophylaxis Options for Surgery has added Oral Factor Xa Inhibitor (Rivaroxaban)
- Continuous Enhanced Circulation Therapy (CECT) has been added to the VTE Prophylaxis Inclusion Table for Intermittent Pneumatic Compression Device (IPC)

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

URINARY CATHETER

- Value 1: Requires documentation of the catheter being inserted in the OR **AND** still being in place postop.
- Value 2: Addresses when a catheter is inserted in the OR, but you cannot find any further documentation of a foley in place postop; **OR** you cannot find documentation of a foley inserted in the OR but do find documentation that a foley was inserted postop in recovery or on the floor; **OR** no documentation of ANY indwelling catheter during hospitalization

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Specifications Manual, Version 3.1 SCIP Revisions/Clarifications

URINARY CATHETER

- Value 3 addresses documentation that the patient had a catheter inserted, or in place prior to the operating room
- Value 4 addresses documentation that the patient was being intermittently cathed prior to admission or pre-operatively
- Value 5 is used for UTD, unable to determine if a catheter was in place from medical record documentation

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General Information

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Helpful Documents

- PN Fact Sheet, Q2 2010 Discharges
- SCIP Fact Sheet, Q2 2010 Discharges
- IDSA & ATS Consensus Guidelines for the Management of CAP, 2007
- New: AMI-10, Statin Prescribed at Discharge
- New (Informational Only): Prevention Measures, Global Vaccination
- Hospital Compare June 2010 Preview Report Help Summary

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Helpful Documents

- Validation Overview Fact Sheet
- FY 2011 Proposed Rule (RHQDAPU on pages 317-480)
- RHQDAPU/HQA Calendar, April – June 2010
- Tip Sheet: Monitoring Submission of Inpatient Population & Sampling and Clinical Data (revised from previous version)
- Sampling Tables, Q4 2009 to Q1 2010
- Sampling Tables, Q2 2010 to Q2 2010

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Stay "In the Know"...

- Recorded webinars will always be posted the fourth week of:
 - January
 - April
 - July
 - Oct
- Other recorded and live webinars may become available as needed in the interim months...

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Stay "In the Know"...

- Subscribe to the FL & CA RHQDAPU Email List (formerly the HQA Email List)
 - <http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- Subscribe to the National SCIP Listserve
 - www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079

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Questions?



- Email questions to Becky, Cassie, Lane or Lawanna no later than **Friday, May 7**
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA RHQDAPU Email List no later than May 14

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Stay "In the Know"...

Contact your QIO Project Coordinator:

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California and Florida "In the Know"
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Information for Health Care Improvement

