

**California and Florida  
“In the Know”  
Inpatient Data Collection,  
Reporting, and Validation  
Module 2: Specifications Manual  
Information for Inpatient Abstractors**

**April 2011**

**Becky Ure, RN, BSN, MEd**

**Lawanna Hurst, RN, BSN**

1



## **Topics**

- *Specifications Manual*, Version 3.3 and 3.3a Changes
- Error-Prone Data Elements
- Using Quest to Help with Abstraction
- Miscellaneous Information

April 2011

2



# **Specifications Manual Version 3.3a**

**April 1, 2011 – December 31, 2011 Discharges  
Additions and Revisions Quick Review**

April 2011

3



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a Multi-Measure Revisions & Additions Admission Date**

- Clarified last sentence in first bullet to differentiate admission date used for billing from admission date for abstraction purposes (if date from billing is incorrect, override the downloaded value and enter the correct date)
- Provided example for patients admitted to inpatient status from observation status
- New bullet: If multiple admission orders, use the one that most accurately reflects the date the patient became an inpatient

April 2011

4



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### **Multi-Measure Revisions & Additions**

#### **Admission Date (cont)**

- Tips:
  - The goal for abstraction is to accurately abstract the **actual substantiated date** the patient was admitted to inpatient care.
  - Use the date the **determination to admit** was made and the **order was written**.

April 2011

5



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### **Multi-Measure Revisions & Additions**

#### **Admission Date (cont)**

- Suggested Data Sources: Changed from “Priority Order” to “Only Allowable Sources”
  - Physician Orders
  - Face Sheet
  - UB-04, Field Location: 12
- Added “Excluded Data Sources”
  - UB-04, Field Location: 06

April 2011

6



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *Multi-Measure Revisions & Additions*

### **Adult Smoking History**

- Added new data source to “Only Acceptable Sources”
  - Smoking/tobacco use assessment forms

April 2011

7



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *Multi-Measure Revisions & Additions* **Comfort Measures**

- Deleted previous bullets re: DNR, MOLST, POLST forms
- Replaced with new bullet instructing abstractors to disregard documentation of Inclusion terms in situations described in sub-bullets (abstract allowable value #4, no/UTD)
  - Documentation dated prior to arrival (excludes DNR, MOLST, POLST forms)
  - Inclusion terms that are not selected on an order form
  - Negative Inclusion terms
  - Exclusion list terms
- New bullet also states to continue reviewing the remainder of the ONLY ACCEPTABLE SOURCES for Inclusion terms

April 2011

8



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### *Multi-Measure Revisions & Additions*

#### **Comfort Measures**

- Clarified abstraction of cases with both positive and negative Inclusion terms.
- Changed “Suggested Data Sources” to “Only Acceptable Data Sources” (still must be physician, APN, PA documentation).
  - DNR, MOLST, POLST forms are on the “Only Acceptable Data Sources” list
- “DNR-CC” was added to Inclusion list.
- “DNR-Comfort Care Arrest” was added to Exclusion list.
- Abstract “yes” for statements such as “Comfort care protocol will be implemented if cardiac/pulmonary arrest.”

April 2011

9



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### *Multi-Measure Revisions & Additions*

#### **Discharge Disposition**

- New data element that replaces *Discharge Status*
- Simplified the Allowable Values:
  1. Home
  2. Hospice – Home
  3. Hospice – Health Care Facility
  4. Acute Care Facility
  5. Other Health Care Facility
  6. Expired
  7. Left Against Medical Advice/AMA
  8. Not Documented or Unable to Determine (UTD)

April 2011

10



Information for Health Care Improvement



## ***Specifications Manual, Version 3.3a***

### ***Pneumonia Revisions***

April 2011

11



Information for Health Care Improvement



## ***Specifications Manual, Version 3.3a***

### ***Pneumonia Revisions***

#### ***Compromised***

- Added the following to the Inclusion list for compromising conditions within past 3 months:
  - Systemic chemotherapy
  - Systemic corticosteroid/prednisone therapy
  - Systemic immunosuppressive therapy

April 2011

12



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### *Pneumonia Revisions*

#### **Diagnostic Uncertainty**

- Sixth bullet in “Notes for Abstraction” changed to read:
- *Documentation of the delay can refer to [either the pneumonia diagnosis or to antibiotic administration](#).*
- Was changed due to practitioner and physician feedback

April 2011

13



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### *Pneumonia Revisions*

#### **Pneumococcal Vaccination Status**

- Allowable Value #4 expanded to also include:

*Received the shingles vaccine (Zostavax)  
within the last 4 weeks*

(In addition to allergy/sensitivity to the vaccine, bone marrow transplant within past 12 months, currently receiving chemo/radiation therapy, or received chemo/radiation therapy less than 2 weeks prior to arrival)

April 2011

14



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *Pneumonia Revisions*

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

- New bullet in the “Notes for Abstraction” under “Pneumonia Diagnosis in the Emergency Department”:
  - ED face sheets can only be used if signed by a physician/APN/PA.
- Added to Inclusion list:
  - Admission Pneumonia Diagnosis Codes (except for aspiration pneumonia)

April 2011

15



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *Pneumonia Revisions*

### **Measure Information Form (MIF) Changes**

- Antibiotic recommendations for non-ICU patients **changed on March 28, 2011**, to read:

	Beta-lactam (IV or IM) Table 2.3 + Macrolide (IV or PO) Table 2.5 – <b>Regimen 3a</b>
<b>or</b>	<b>Antipneumococcal Quinolone monotherapy</b> (IV or PO) Table 2.9 – <b>Regimen 1a</b>
<b>or</b>	Beta-lactam (IV or IM) Table 2.3 + <b>Doxycycline</b> (IV or PO) Table 2.10 – <b>Regimen 3a</b>
<b>or</b>	<b>Tigecycline monotherapy (IV) Table 2.12 – Regimen 2a1</b>
<b>or</b>	If less than 65 with no <i>Risk Factors for Drug-Resistant Pneumococcus</i> <b>Macrolide monotherapy</b> (IV or PO) Table 2.5 – <b>Regimen 2a2</b>

April 2011

16



Information for Health Care Improvement



## Specifications Manual, Version 3.3a Pneumonia Revisions

### Measure Information Form (MIF) Changes

- Second antibiotic recommendation for ICU patients split into the following two selections to clarify options:

Antipseudomonal Quinolone (IV) Table 2.8 + either Beta-lactam (IV) Table 2.16 OR  
 Antipneumococcal/Antipseudomonal beta-lactam (IV) Table 2.4 – *Regimen 2b*

OR

Antipneumococcal Quinolone (IV) Table 2.14 + either Beta-lactam (IV) Table 2.16 OR  
 Antipneumococcal/Antipseudomonal beta-lactam (IV) Table 2.4 – *Regimen 2b*

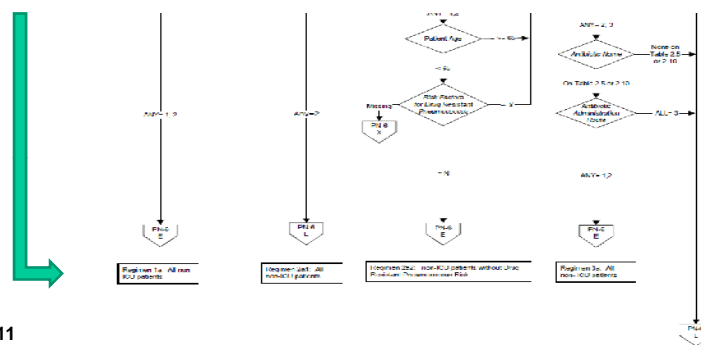
April 2011

17

## Specifications Manual, Version 3.3a Pneumonia Revisions

### Measure Information Form (MIF) Changes

- Each regimen now listed on the Pneumonia Antibiotic Consensus Recommendations Table correlates with the analytic flowchart for PN-6:



April 2011

18

## ***Specifications Manual, Version 3.3a***

### ***AMI/HF Revisions***

April 2011

19



Information for Health Care Improvement



## ***Specifications Manual, Version 3.3a***

### ***AMI/HF Revisions***

#### ***ASA, ACE/ARB, Beta Blocker, Statin Medication Prescribed at Discharge, and Discharge Instructions Address Medications***

- If two discharge summaries or discharge medication reconciliation forms are included in the medical record, use the one with the latest date ***and*** time. Use the dictated date/time over transcribed date/time, file date/time, etc.

April 2011

20



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *AMI Revisions*

### **AMI-T1a and AMI-T2**

- AMI-T1a and AMI-T2 have been removed from AMI Measure Information Form (MIF) and Flowchart (Algorithm).
- This is to maintain concordance with latest ACC/AHA performance measures and clinical guidelines.
- AMI-10 will now cover the lipid management for AMI patients.

April 2011

21



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *AMI Revisions*

### **Aspirin Received Within 24 Hours Before or After Hospital Arrival**

- Aspirin listed as "current/home" medication should be **inferred** as taken within 24 hours prior to arrival, **unless** documentation suggests otherwise.

**EXCEPTION:** Aspirin documented as a **PRN** current/home medication does not count unless documentation is clear it was taken within 24 hours prior to arrival.

April 2011

22



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *AMI Revisions*

### **Aspirin Received Within 24 Hours Before or After Hospital Arrival (cont)**

- When aspirin is noted only as received prior to arrival, without information about the exact time it was received (e.g., "Baby ASA X 4" per the "Treatment Prior to Arrival" section of the Triage Assessment), **infer** that the patient took aspirin within the 24-hour time frame, **unless documentation suggests otherwise.**

April 2011

23



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** *AMI Revisions*

### **Initial ECG Interpretation**

- **Changes have been made to:**
  - Clarify for the abstractor how to abstract notations not specifically identified as initial ECG findings (e.g., Impressions, Diagnoses)
  - Reduce the number of false measure inclusions by providing clarification for abstractors when finding documentation of LBBB or ST Elevation changes as "no changes," "unchanged," "no acute changes," "no new changes," or "no significant changes" when compared with a prior ECG

April 2011

24



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** **AMI Revisions**

### **Reason for No Aspirin at Arrival/Discharge**

- Documentation of a reason for not prescribing "antiplatelets" should be considered implicit documentation and ***is acceptable*** as a reason for no aspirin at discharge (e.g., "Antiplatelet therapy contraindicated").

April 2011

25



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a** **AMI Revisions**

### **Reason for Not Prescribing Statin Medication at Discharge**

- **Inclusion Guidelines for Abstraction**

#### **Removed:**

- Arrhythmias
- Hypoglycemia
- Rectal Hemorrhage

#### **Added:**

- Myalgias

April 2011

26



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### **SCIP Revisions Reminders**

April 2011

27



Information for Health Care Improvement



## **Specifications Manual, Version 3.3a**

### **SCIP Revisions**

#### **SCIP VTE 1-2**

##### **Measurement Information Form Exclusion List**

- Bullet change under “Exclusions”:
  - Was “Patients with a hospital length of stay **less than or equal to three calendar days**”
  - **Now** “Patients who stay **less than two nights**”
- Effects denominator statement and patients who are included/excluded from the measure
- Rationale: Updated to be consistent with the measure exclusions wherein patients with a Length of Stay that is less than 3 calendar days are excluded

April 2011

28



Information for Health Care Improvement



## ***Specifications Manual, Version 3.3a***

### *SCIP Revisions*

#### ***Anesthesia Start Time***

- Inclusion Guidelines for Abstraction
- **Added:**
  - Anesthesia start
  - Anesthesia begin
  - Anesthesia initiated
- Inclusion Terms were inadvertently omitted from the Inclusion Guidelines in Version 3.2c

April 2011

29



Information for Health Care Improvement



## ***Specifications Manual, Version 3.3a***

### *SCIP Revisions*

#### ***Reasons to Extend Antibiotics***

- Allowable values have been changed
- Continue to be abstracted as “Select All That Apply”
- **Notes for Abstraction:** Instructions for each of the Allowable Values have been clarified

April 2011

30



Information for Health Care Improvement



## ***Specifications Manual, Version 3.3a*** ***SCIP Revisions*** ***VTE Prophylaxis***

- **Allowable Values:**
  - 8 Oral Factor Xa Inhibitor (Rivaroxaban) - **Removed**
  - Oral Factor XA Inhibitor (Rivaroxaban) has been **removed** from VTE Prophylaxis Options for Surgery Table
  - **Rationale:** Rivaroxaban has not been FDA approved

April 2011

31



Information for Health Care Improvement



## ***Error-Prone Data Elements***

April 2011

32



Information for Health Care Improvement



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

## ***Error-Prone Data Elements***

- These continue to be almost the same data elements that abstractors have been having trouble with all along, including:
  - Reason for... [delay in, no ASA/ARB/ACEI, not administering, etc.]
  - Arrival Time
  - Discharge Instructions Address...
  - Risk Factors for Drug-Resistant Pneumococcus
  - Initial Blood Culture Collection Time
  - Antibiotic Dose [entry into the antibiotic grid]
  - Date of Infection
  - Reasons for Continuing Urinary Catheterization
  - VTE Prophylaxis/Timely

April 2011

33



Information for Health Care Improvement



## ***Error-Prone Data Elements***

- A new QualityNet report is now available to use in targeting review of specific data elements:
  - The “Hospital Data Validation National Mismatch Frequency Report” can be run by any registered QualityNet user who has the following role in his/her QNet profile:
    - QualityNet DATA ABSTRACTION QIO Clinical Whs Feedback Rpts
  - Lists quarterly aggregated top 10 data element mismatches for the validated hospitals for the AMI, HF, PN, and SCIP measure sets.
  - <http://www.qualitynet.org> – Run Reports – Validation Reports category

April 2011

34



Information for Health Care Improvement



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

## ***Using Quest to Help with Abstraction***

April 2011

35



Information for Health Care Improvement



## ***Using Quest to Help with Abstraction***

- Quest is an inpatient question and answer database.
- Can be accessed by clicking the link in the lower right corner of the home page at <http://www.qualitynet.org>



April 2011

36



Information for Health Care Improvement



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

## Using Quest to Help with Abstraction

### Example

- SCIP case with preoperative physician documentation of “salpingitis”
- Is this considered an *Infection Prior to Anesthesia*?
- What Key Words can be entered that will help to answer this question?
  - Try to choose words that will narrow the Q&As down to the data element that is being abstracted:
    - **Infection prior**
  - Enter the key word found in the documentation:

– **salpingitis**

April 2011

37

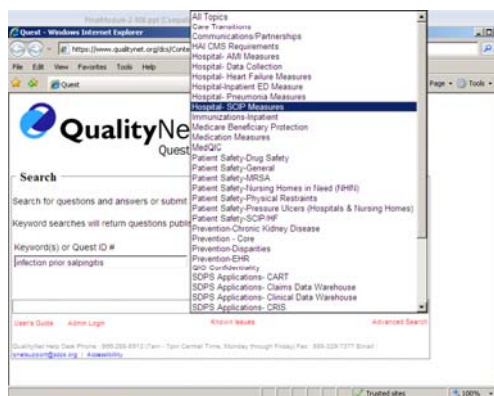


Information for Health Care Improvement



## Using Quest to Help with Abstraction

- Click on the topic drop-down arrow and then click on “Hospital-SCIP Measures”:



- Click on “Submit”

April 2011

38



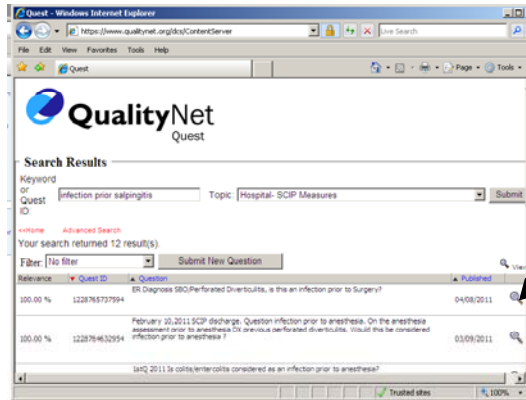
Information for Health Care Improvement



California and Florida "In the Know"  
Module 2: April 2011

## Using Quest to Help with Abstraction

- Questions containing the key words will show up:



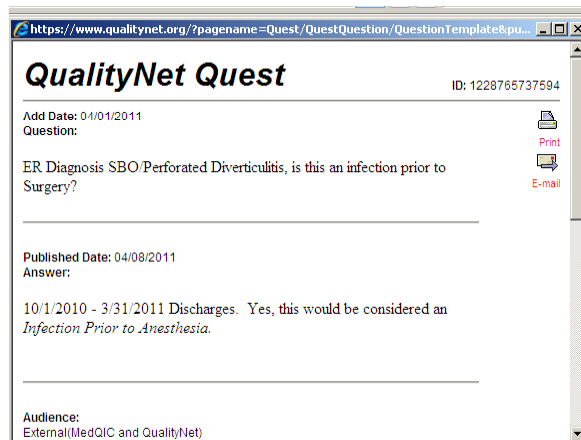
Click on the magnifying glass icon to open the file.

- Scan through the questions to see if any are similar to the documentation being abstracted.

April 2011

39

## Using Quest to Help with Abstraction



- The results may be printed or emailed using the icons in the upper right corner.
- Close this window to go back to the list of questions.

April 2011

40

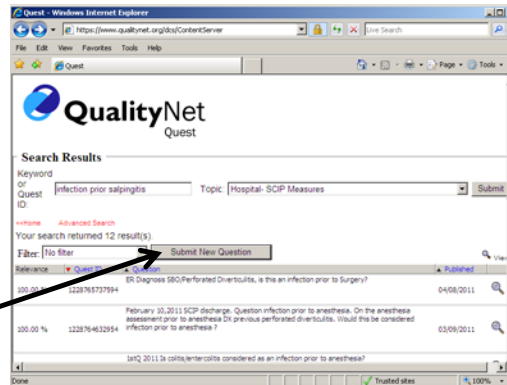
California and Florida “In the Know”  
Module 2: April 2011

## Using Quest to Help with Abstraction

- What if you can't find a Q&A that will help you abstract the exact scenario you have?

Try entering different key words.

Click on the “Submit New Question” link.



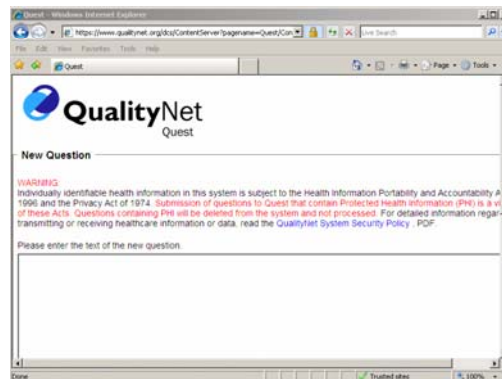
April 2011

41

## Using Quest to Help with Abstraction

- Always enter the following information:

- Discharge quarter
- Data element
- Detailed information about your question
- Make sure they can “see” what you are describing



April 2011

42

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

***Miscellaneous Information***

April 2011

43

***Future 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

Beginning with January 1, 2012, discharges, the *Inpatient Specifications Manual* and *Outpatient Specifications Manual* publication schedule will be aligned. There will continue to be separate Inpatient and Outpatient Manuals.

April 2011

44

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

## ***Helpful Documents***

- Hospital Inpatient Quality Reporting Program Calendar
- AMI/HF, PN, and SCIP Fact Sheets
- Quest Q&As and Revisions (Feb and Mar)
- Hospital Inpatient Quality Reporting Program Resources
- Technical Expert Panel Files

April 2011

45



Information for Health Care Improvement



## ***Stay “In the Know” . . .***

- Recorded webinars will be posted no later than the fourth week of:
  - January
  - April
  - July
  - Oct

April 2011

46



Information for Health Care Improvement



FMQAI and Health Services Advisory Group

## ***Stay “In the Know”...***

### **Subscribe to:**

- FL & CA Hospital Inpatient Quality Reporting E-Mail List  
–<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- SHHEO E-Mail List
  - <http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>
- National SCIP ListServe  
–<http://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079>

April 2011

47



Information for Health Care Improvement



## ***Questions?***

- E-mail questions to Becky or Lawanna no later than Friday, May 13, 2011.
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA Hospital Inpatient Quality Reporting E-Mail List no later than May 23, 2011.

April 2011

48



Information for Health Care Improvement



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

**Stay “In the Know”...**

**Contact your Hospital Inpatient Quality  
Reporting Program Coordinators:**

**AMI/HF**

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

**Pneumonia**

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

April 2011

49



Information for Health Care Improvement



Information for Healthcare Improvement

[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-2011F8-4-12232 and CA-9SOW-6.1-041811-02

April 2011

50



Information for Health Care Improvement



FMQAI and Health Services Advisory Group