

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

Module 1: Administrative Updates

January 2011

Becky Ure, RN, BSN, MEd

Lawanna Hurst, RN, BSN

1



Information for Health Care Improvement



Topics

- Important Dates and Deadlines
- New Validation Scoring Process and Lessons Learned
- FY 2012 Annual Payment Update (APU) Requirements Review
- Miscellaneous Information

01/2011

2



Information for Health Care Improvement



Important Dates and Deadlines

Hospital Compare Preview Period	Early 2011 (dates not yet announced)
3 rd Qtr 2010 Inpatient Population & Sampling deadline	2/1/2011
3 rd Qtr 2010 Inpatient Clinical Data Submission deadline	2/15/2011
Request for 3 rd Qtr 2010 Validation Records *	Approximately 3/2/2011
CDAC Validation Records Submission Deadline *	45 days after requested
Hospital Compare Refresh	March 2011
AMI-10 Statin at Discharge Submission Begins - Required For FY 2013 Payment Determination	1/1/2011 Discharges
HAI CLABSI Measure Submission Begins - Required For FY 2013 Payment Determination	1/1/2011 Discharges
4 th Qtr 2010 HCAHPS Deadline	4/12/2011

01/2011

* Affects PPS (Prospective Payment System) hospitals only

3

New Validation Scoring Process and Lessons Learned

01/2011

4

The New Validation Scoring Process

- The new process validates your measure outcomes, NOT the individual data elements.
 - The denominator used to be the total number of individual data elements that were validated
 - Now, the denominator is the total number of measures that were validated
- You will pass validation if the overall agreement is $\geq 75\%$.

01/2011

5



Information for Health Care Improvement



The New Validation Scoring Process

- AMI: 7 measures total
 1. AMI-1: Aspirin at Arrival
 2. AMI-2: Aspirin Prescribed at Discharge
 3. AMI-3: ACEI or ARB for LVSD
 4. AMI-4: Adult Smoking Cessation Advice/Counseling
 5. AMI-5: Beta-Blocker Prescribed at Discharge
 6. AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
 7. AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival

01/2011

6



Information for Health Care Improvement



The New Validation Scoring Process

- HF: 4 measures total
 1. HF-1: Discharge Instructions
 2. HF-2: Evaluation of LVS Function
 3. HF-3: ACEI or ARB for LVSD
 4. HF-4: Adult Smoking Cessation Advice/Counseling

01/2011

7



Information for Health Care Improvement



The New Validation Scoring Process

- Pneumonia: 6 measures total
 1. PN-2: Pneumococcal Vaccination
 2. PN-3b: Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in the Hospital
 3. PN-4: Adult Smoking Cessation Advice/Counseling
 4. PN-5c: Initial Antibiotics Received Within 6 Hours of Hospital Arrival
 5. PN-6: Initial Antibiotic Selection for CAP in Immunocompetent Patients
 6. PN-7: Influenza Vaccination

01/2011

8



Information for Health Care Improvement



The New Validation Scoring Process

- **SCIP: 8 measures total** (Q1 2010 only)
 1. SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
 2. SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
 3. SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
 4. SCIP-Inf-4: Cardiac Surgery patients With Controlled 6 A.M. Postoperative Serum Glucose
 5. SCIP-Inf-6: Surgery Patients with Appropriate Hair Removal

01/2011

9



Information for Health Care Improvement



The New Validation Scoring Process

- **SCIP: 8 measures total** (Q1 2010 only)
 6. SCIP-Card-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
 7. SCIP-VTE-1: Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
 8. SCIP-VTE-2: Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

01/2011

10



Information for Health Care Improvement



The New Validation Scoring Process

- SCIP: 10 measures total beginning **Q2 2010**
 9. SCIP-Inf-9: Urinary Catheter Removed on POD 1 or POD 2
 10. SCIP-Inf-10: Surgery Patients with Peri-operative Temperature Management

01/2011

11



Information for Health Care Improvement



The New Validation Scoring Process

The measure outcomes are determined by the individual data elements as outlined in the Analytic Flowcharts in Section 2 of each *Specifications Manual*



Specifications Manual, Version 3.2c
Discharges 10/01/2010 to 03/31/2011

Complete Manual

Download Manual	
Specifications Manual for discharges 10/01/2010 - 03/31/2011 <ul style="list-style-type: none">• Release Notes, Version 3.2c, PDF (04/19/10)• Release Notes, Version 3.2b, PDF (04/30/10)• Release Notes, Version 3.2a, PDF (08/20/10)	Download Version 3.2c*

*NOTE: For enhanced accessibility, the formatting of the manual has changed. Some documents contained in this manual are for use by technical staff. Persons using assistive technology may not be able to fully access all documents. If you need assistance in accessing a specific document, contact [the QualityNet Help Desk](#).

Manual By Section

View and/or download individual sections of the Specifications Manual, (PDF documents, unless noted), listed below.

[Acknowledgement](#)

[Table Of Contents](#) (revised 04/19/10)

[Introduction](#)

[Using the Manual](#)

Section 1 - Data Dictionary
Introduction to the Data Dictionary
Operational Data Dictionary (revised 08/20/10)

Section 2 - Measurement Information
Section 2.1 - Scrub Myocardial Infarction (AMI) (revised 08/20/10)
Section 2.2 - Heart Failure (HF)
Section 2.3 - Stroke (STK) (revised 04/19/10)
Section 2.4 - Surgical Care Improvement Project (SCIP)

01/2011

12



Information for Health Care Improvement



The New Validation Scoring Process

- There are three possible outcomes for any measure:
 - **Outcome B:** The case was excluded from the measure
 - **Outcome D:** The case did not meet the intent of the measure (It “failed” the measure)
 - **Outcome E:** The case met the intent of the measure (It “passed” the measure)

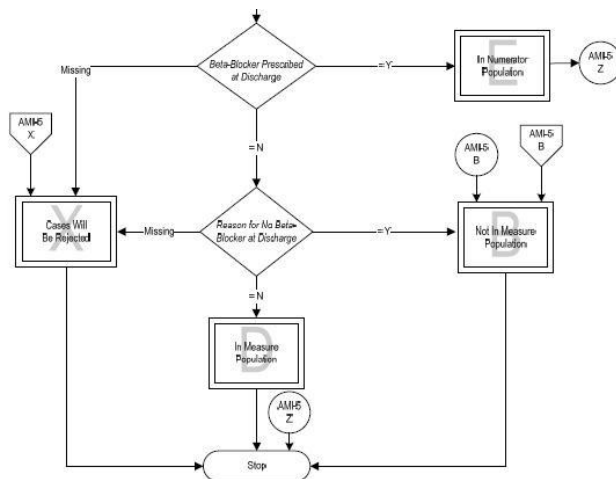
(Outcome X: The case is rejected/doesn't get into the data warehouse)

01/2011

13

The New Validation Scoring Process

For example, with AMI-1, the flowchart ends like this...



01/2011

14

The New Validation Scoring Process

- To be a “match” in validation, the hospital’s measure outcome must match the CDAC’s measure outcome.

One measure equals one opportunity to match.

- Looking at this example, you would have zero points toward the overall numerator, but one point toward the overall denominator:

Measure:	Original:	Adjudicated:	Result
PN-2 Pneumococcal Vaccination	E	D	Mismatch

01/2011

15

The New Validation Scoring Process

The Overall Reliability Rate = the sum of the numerators (the measures that matched) divided by the sum of the denominators (the measures that were validated from all validation cases)

In this 1st quarter 2010 example, the Overall Reliability Rate is 59/75, or 79%.

The hospital met the validation requirement for the quarter.

Measure Set	Case	Numerator (Total Matches)	Denominator (Total Measures)
AMI	#1	5	7
	#2	6	7
	#3	7	7
HF	#4	3	4
	#5	2	4
	#6	4	4
PN	#7	5	6
	#8	4	6
	#9	5	6
SCIP	#10	7	8
	#11	6	8
	#12	5	8
Total		59	75

01/2011

16

The New Validation Scoring Process

The QualityNet Case Detail Report now includes pages like this:

123456 Marcus Welby Hospital, Anytown, FL

Overall Reliability Rate: 97% (73 / 75)

Post Appeal Overall Reliability Rate:

Abstraction Control Number: FL008Z0012345

Hospital Patient ID: 12345678

Measure Set: HF

Admit Date: 03/03/2010

Discharge Date: 03/06/2010

Individual Case Reliability Rate: 50% (2 / 4)

Post Appeal Individual Case Reliability Rate:

Measure:	Original:	Adjudicated:	Result
HF-1 Discharge Instructions	E	D	Mismatch
HF-2 Evaluation of LVS Function	E	E	Match
HF-3 ACEI or ARB for LVSD	E	D	Mismatch
HF-4 Adult Smoking Cessation Advice/Counseling	B	B	Match

of Measures Matched: 2

of Measures Validated: 4

* For purposes of this report the measure will result in one of the following outcomes: B – excluded from the measure, D – the intent of the measure was not met, or E – the intent of the measure was met.

01/2011

17



Information for Health Care Improvement



The New Validation Scoring Process

- For HF-1, the hospital actually missed 6 data elements addressing discharge instructions:
 - Activity
 - Diet
 - Follow-up
 - Medications
 - Symptoms worsening
 - Weight monitoring
- The CDAC: *did not find written discharge instructions. Discharge instruction sheet was not included in record.*

01/2011

18



Information for Health Care Improvement



The New Validation Scoring Process

- For HF-3, the hospital actually missed 3 data elements :
 - ACEI Prescribed at Discharge
 - ARB Prescribed at Discharge
 - Reason for no ACEI and no ARB at Discharge

01/2011

19



Information for Health Care Improvement



The New Validation Scoring Process

- Marcus Welby Hospital Summary
 - 97% overall reliability
 - Missed 2 measures out of 75

The hospital still needs to review ALL of their individual data element mismatches.

01/2011

20



Information for Health Care Improvement



The New Validation Scoring Process

123456 Marcus Welby Hospital, Anytown, FL
Overall Reliability Rate: 97% (73/ 75)

Post Appeal Overall Reliability Rate:

Abstraction Control Number: FL008Z0023456
Hospital Patient ID: 23456789
Measure Set: PN
Admit Date: 03/03/2010
Discharge Date: 03/06/2010

Individual Case Reliability Rate: 100% (6 / 6)

Post Appeal Individual Case Reliability Rate:

Measure:	Original:	Adjudicated:	Result
PN-2 Pneumococcal Vaccination	B	B	Match
PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital	B	B	Match
PN-4 Adult Smoking Cessation Advice/Counseling	B	B	Match
PN-5c Initial Antibiotic Received Within 6 Hours of Hospital Arrival	B	B	Match
Pn-6 Initial Antibiotic Selection for CAP in Immunocompetent Patients	B	B	Match
PN-7 Influenza Vaccination	B	B	Match

of Measures Matched: 6
of Measures Validated: 6

* For purposes of this report the measure will result in one of the following outcomes: B – excluded from the measure, D – the intent of the measure was not met, or E – the intent of the measure was met.

01/2011

21



Information for Health Care Improvement



The New Validation Scoring Process

- This record matched all the measures for Pneumonia, receiving 100% for the record score.
- Looking further through the case summary, a major parent-child data element was mismatched.

01/2011

22



Information for Health Care Improvement



The New Validation Scoring Process

Element Name	Original	Adjudication Value	Educational Comments
Comfort Measures Only	Not Documented/UTD	Day 2 or after: The earliest day the physician/APN/PA documented comfort measures only was two or more days after arrival day (Day 2+).	Found "hospice care" and "Comfort measures only" on the DC summary. Both are inclusions for CMO and are documented after day 2 of the stay; select value 2.
Pneumonia Diagnosis: ED/Direct Admit	There is no physician/APN/PA documentation of pneumonia as a final diagnosis/impression on the ED form, or listed as an initial diagnosis/impression upon direct admit.	There is no physician/APN/PA documentation of pneumonia as a final diagnosis/impression on the ED form, or listed as an initial diagnosis/impression upon direct admit.	

01/2011

23

The New Validation Scoring Process

- Both the hospital and CDAC abstraction resulted in the case being excluded from all the pneumonia measures but for different reasons.
- The hospital was fortunate because the second parent data element resulted in the case being excluded from all pneumonia measures.
- If *Pneumonia Diagnosis: ED/Direct Admit* had been a "yes" instead of a "no," the hospital would have kept abstracting, and all six pneumonia measures could have been mismatched.

01/2011

24

The New Validation Scoring Process

654321 Doctor Kildare Hospital, Anytown, CA
Overall Reliability Rate: 70% (21 / 30)

Post Appeal Overall Reliability Rate:

Abstraction Control Number: CA008Z0012345
Hospital Patient ID: 23456789
Measure Set: SCIP
Admit Date: 05/03/2010
Discharge Date: 05/06/2010

Individual Case Reliability Rate: 90% (9 / 10)

Post Appeal Individual Case Reliability Rate:

Measure:	Original:	Adjudicated:	Result
SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	B	B	Match
SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	B	B	Match
SCIP-Inf-10 Surgery Patients with Perioperative Temperature Management	E	D	Mismatch
SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients	B	B	Match
SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	B	B	Match
SCIP-Inf-4 Cardiac Surgery patients With Controlled 6 A.M. Postoperative Blood Glucose	B	B	Match

(et cetera...)

of Measures Matched: 9

of Measures Validated: 10

* For purposes of this report the measure will result in one of the following outcomes: B – excluded from the measure, D – the intent of the measure was not met, or E – the intent of the measure was met.

25

01/2011



Information for Health Care Improvement



The New Validation Scoring Process

- The hospital did not understand the mismatch because they abstracted that active warming was performed intra-operatively.
- Remember...the mismatch is based on the measure outcome – not necessarily on individual data elements.
- What data elements did the CDAC abstract differently that might have resulted in a different outcome?

01/2011

26



Information for Health Care Improvement

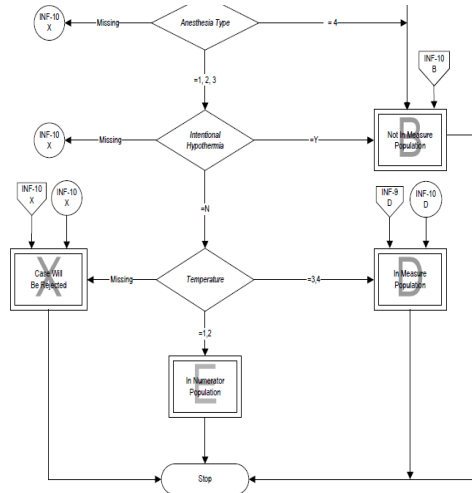


The New Validation Scoring Process

Hospital abstraction resulted in outcome “E” (the case passed the measure)

The CDAC abstraction resulted in outcome “D” (the case failed the measure)

The CDAC abstraction stopped before it got to the end.



01/2011

27



The New Validation Scoring Process

There was only one mismatch for all the data elements with this case:

Element Name	Original	Adjudication Value	Educational Comments
Anesthesia Start Time	0730	UTD	Found no documentation of anesthesia time of 0730 documented in submitted record. No copy of anes. record was sent. Found no documentation of anes. start time therefore abstract UTD for time as per guidelines.

To understand why this would have caused the different measure outcomes, go to Section 2 in the *Specifications Manual* (version 3.1 a), scroll down to SCIP-Inf-10, and find the data element *Anesthesia Start Time* in the analytic flowchart.

01/2011

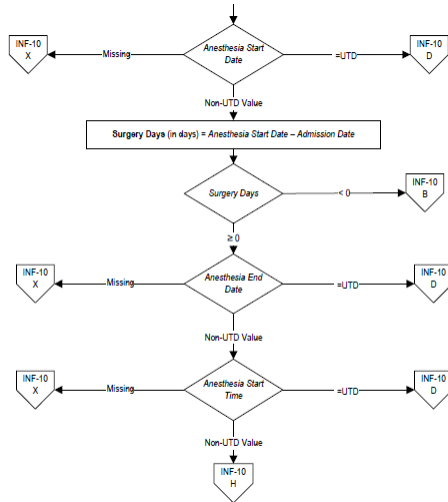
28



The New Validation Scoring Process

The data element *Anesthesia Start Time* is near the bottom of this section of the flowchart. If you abstract it as “UTD,” the arrow goes to the right (the upside down hexagon labeled “Inf-10 D”).

You then have to find that hexagon further down the flowchart.



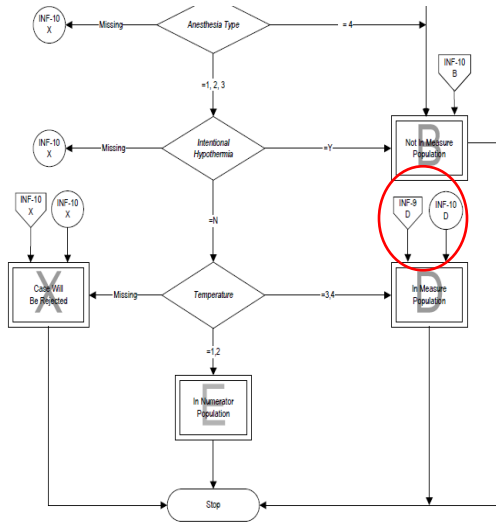
01/2011

29

The New Validation Scoring Process

Now, you can see that the hexagon labeled “Inf-10 D” has an arrow pointing to the outcome “D.” The case will be in the denominator only for SCIP-Inf-10.

The data element Anesthesia Start Time is one of several critical “parent data elements” for your SCIP cases.



01/2011

30

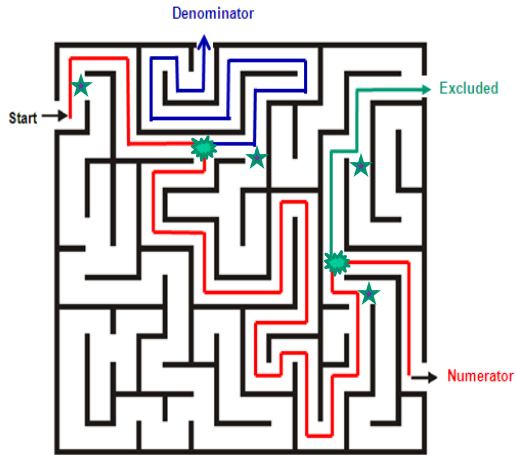
The New Validation Scoring Process

The analytic flowchart is like a maze.

The parent data elements are at key junctions (★) that either keep you on the pathway or divert you to a different outcome.

If you “miss” information on other data elements (★), this will result in the case not being accepted into the warehouse (i.e., a blind alley).

If you turned off your skip logic when abstracting, you might have answered all of the data elements correctly, but it doesn't matter because you got off one of the three main paths.



01/2011

31



Information for Health Care Improvement



The New Validation Scoring Process

Warning

Correct abstraction of “parent” data elements is now critical as they affect the path that any case will follow through the analytic flowchart.

01/2011

32



Information for Health Care Improvement



The New Validation Scoring Process

- A few of the more critical parent data elements:
 - Comfort Measures
 - Transfer from Another Hospital or ASC
 - ICU Admission or Transfer
 - Initial ECG Interpretation
 - Chest X-ray
 - Pneumonia Diagnosis
 - Antibiotic Received
 - Anesthesia Start/End Date
 - Anesthesia Start/End Time
 - Laparoscope
 - Infection Prior to Anesthesia

Be careful of any data element that takes you down a different pathway.

01/2011

33



Validation Lessons Learned

- Double-check the accuracy of all parent data elements while you are abstracting.
- Review every validation data element mismatch, regardless of whether or not you passed or failed your overall validation or if it did or did not result in a measure mismatch.
- If you have not been selected for validation yet, review your validation results under the “old” process.

01/2011

34



Validation Lessons Learned

- Understand the correct way to abstract every mismatch you find.
- For questions, check the Data Dictionary and Quest Q&As.
- E-mail us if you need help.
- The next validation period will be for 4th quarter 2010 through 3rd quarter 2011 discharges.
 - We do not yet know when the next group of 800 hospitals will be selected.
 - Continue abstracting as though you will be in this group.

01/2011

35



Information for Health Care Improvement



FY 2012 APU Requirements Review

01/2011

36



Information for Health Care Improvement



Ongoing Annual Payment Update Requirements for Future FY Payment Determinations

- Must continue to have at least one **active** QualityNet Security Administrator
 - It is recommended that you have two who maintain an active status.
 - To obtain the current QualityNet Security Administrator registration form, go to the QualityNet under the Hospitals-Inpatient tab: select Hospital Inpatient Quality Reporting Program, select QIO Contacts, e-mail one of your state contacts as listed.
 - Review contents of Getting started with QualityNet box found on QualityNet.

01/2011

37



Information for Health Care Improvement



Ongoing Annual Payment Update Requirements for Future FY Payment Determinations

- First-time HIQRP (Hospital Inpatient Quality Reporting Program) participants must complete an I-Pledge found on the secure side of QualityNet.
- Information can be found on QualityNet under the Hospitals-Inpatient tab: select Hospitals Inpatient Quality Reporting Program (formerly RHQDAPU), then select How to Participate.

01/2011

38



Information for Health Care Improvement



Ongoing Annual Payment Update Requirements for Future FY Payment Determinations

- Collect and submit all data from the required quarters given for each year.
- This includes:
 - Population and Sampling.
 - Chart-abstracted Clinical Data.
- Deadline information for the required quarters can be found on QualityNet under the Hospitals-Inpatient tab: select Hospitals Inpatient Quality Reporting Program (formerly RHQDAPU), select Deadlines.

01/2011

39



Information for Health Care Improvement



Ongoing Annual Payment Update Requirements for Future FY Payment Determinations

HCAHPS

- Deadline information for the required quarters can be found on QualityNet under the Hospitals-Inpatient tab: select Hospital Consumer Assessment of Healthcare Providers and Systems.
- Information about the HCAHPS initiative, including the XML file layout and the data upload specifications, can be located at:
HCAHPSOnline.org .

01/2011

40



Information for Health Care Improvement



Ongoing Annual Payment Update Requirements for Future FY Payment Determinations

For Hospitals Selected for Record Validation for Each Year

- Submit complete copies of requested validation records to the CDAC by required deadlines for each quarter required for the year.
- Pass overall validation with $\geq 75\%$ measure outcome match rate.
- Information about data validation can be found on QualityNet under the Hospitals-Inpatient tab: select Data Validation.

01/2011

41



Ongoing Annual Payment Update Requirements for Future FY Payment Determinations

- Complete the Data Accuracy and Completeness Acknowledgement (DACA).
- Answer all Structural Measures questions.
 - Both DACA and Structural Measures must be done during the response period prior to the deadline date for each year.
- Deadline information can be found on QualityNet under the Hospitals-Inpatient tab: select Hospitals Inpatient Quality Reporting Program (formerly RHQDAPU), select Structural Measures/DACA.

01/2011

42



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

- Chart of all ***measure requirements*** for FY 2012 can be found in the *Federal Register*/ Vol. 75, pages 50198-50199
- CMS will generally propose to keep all the measures from one year to the next
- All new measurement adoptions for FY 2012 denoted by *

01/2011

43



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Chart-Abstracted Measures

- Retention of the previous 27 chart-abstracted measures
 - AMI: 7 measures
 - HF: 4 measures
 - PN: 6 measures
 - SCIP: 10 measures
- Measure information and abstraction can be found on QualityNet under the Hospitals-Inpatient tab: select *Specifications Manual*.

01/2011

44



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures

- Mortality Measures
 - AMI, HF, PN
- Readmissions
 - AMI, HF, PN
- Information can be found on QualityNet under the Hospitals-Inpatient tab. Select the appropriate measure tab: Mortality Measures or Readmission Measures.

01/2011

45



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures (cont.)

- AHRQ Patient Safety Indicators (PSIs), Inpatient Quality Indicators (IQIs), and Composite Measures
 - PSI 06: Iatrogenic pneumothorax, adult
 - PSI 11: Postoperative respiratory failure *
 - PSI 12: Postoperative PE or DVT *
 - PSI 14: Postoperative wound dehiscence
 - PSI 15: Accidental puncture or laceration

* New measure

01/2011

46



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures (cont.)

- AHRQ Patient Safety Indicators (PSIs), Inpatient Quality Indicators (IQIs), and Composite Measures (cont)
 - IQI 11: Abdominal aortic aneurysm (AAA) mortality rate (with and without volume)
 - IQI 19: Hip fracture mortality rate
 - Complication/patient safety for selected indicators
 - Mortality for selected medical conditions

01/2011

47



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures (cont.)

- AHRQ PSI and Nursing Sensitive Care
 - Death among surgical inpatients with serious, treatable conditions

01/2011

48



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures (cont.)

- Hospital-Acquired Conditions Measures
 - Foreign object obtained after surgery *
 - Air embolism *
 - Blood incompatibility *
 - Pressure ulcers stages III & IV *

* New measure

01/2011

49



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures (cont.)

- Hospital Acquired Condition Measures (cont.)
 - Falls and trauma (Includes: fracture, dislocation, intracranial injury, crushing injury, burn, electric shock) *
 - Vascular catheter-associated infection *
 - Catheter-associated urinary track infection (UTI) *
 - Manifestations of poor glycemic control *

* New measure

01/2011

50



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2012 Payment Determination

Medicare Claims-Based Measures (cont.)

- ARHQ and HAC information can be found on QualityNet under the Hospitals-Inpatient tab. Select the appropriate tab: Agency for Research and Quality (AHRQ) Indicators or Hospital-Acquired Conditions (HACs)

01/2011

51



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2013 Payment Determination

- Chart of all **measure requirements** for FY 2013 can be found in the *Federal Register*, Vol. 75, pages 50208–50209
- Retention of all previous years' measures
- All new measurement adoptions for FY 2013 denoted by **

01/2011

52



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2013 Payment Determination

New Measurement Adoptions for FY 2013 Payment Determination

- **AMI Statin at Discharge**
 - Collection starts with January 1, 2011, discharges
- **CLABSI**
 - Collection starts with January 1, 2011, discharges
 - Data will be reported to CDC-NHSN site

01/2011

53

Annual Payment Update Measure Requirements for FY 2013 Payment Determination

New Measurement Adoptions for FY 2013 Payment Determination

- **AMI Statin at Discharge**
 - Chart-abstracted
 - Collection starts with January 1, 2011, discharges
 - More information can be found in the AMI Measurement Information Form under AMI-10 Statin at Discharge in the *Specifications Manual* Version 3.2 located on QualityNet

01/2011

54

Annual Payment Update Measure Requirements for FY 2013 Payment Determination

New Measurement Adoptions for FY 2013 Payment Determination

- **CLABSI**
 - Chart-abstracted
 - Collection starts with January 1, 2011, discharges
 - Data will be reported to CDC-NHSN site

01/2011

55

Annual Payment Update Measure Requirements for FY 2013 Payment Determination

New Measurement Adoptions for FY 2013 Payment Determination

- **CLABSI (cont.)**
 - CLABSI information can be found on QualityNet under the Hospitals-Inpatient tab: select Healthcare Associated Infections (CLABSI)
 - A direct link to the NHSN Web site can be found on the QualityNet CLABSI page

01/2011

56

<http://www.cdc.gov/nhsn/cms-welcome.html/>

Annual Payment Update Measure Requirements for FY 2014 Payment Determination

- Chart of all ***measure requirements*** for FY 2014 can be found in the *Federal Register*, Vol. 75, pages 50212-50213
- Retention of all previous years' measures
- All new measurement adoptions for FY 2014 denoted by ***

01/2011

57



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2014 Payment Determination

New Measurement Adoptions for FY 2014 Payment Determination

- **Emergency Department Throughput**
- **Global Immunization Measures**
 - Chart-abstracted
 - Collection for both measures start with January 1, 2012, discharges
 - More information can be found under Section 2 Measurement Information located in the *Specifications Manual* Version 3.2 located on QualityNet

01/2011

58



Information for Health Care Improvement



Annual Payment Update Measure Requirements for FY 2014 Payment Determination

New Measurement Adoptions for FY 2014 Payment Determination

- **SSI**
 - Chart-abstracted
 - Collection starts with January 1, 2012, discharges
 - Data will be reported to CDC-NHSN site

01/2011

59



Information for Health Care Improvement



Additional Information

01/2011

60



Information for Health Care Improvement



Global Vaccination Measures

- Officially titled “Prevention National Hospital Quality Core Measures”
- Two primary measures:
 - Prev-Imm-1: Pneumococcal Immunization
 - Prev-Imm-2: Influenza Immunization
- Published as “informational only” in the *Specifications Manual*
- ***Data abstraction will begin with your January 2012 discharges.***

01/2011

61



Information for Health Care Improvement



Global Vaccination Measures

- A Global Vaccination Measures Module is available in the July 2010 “In the Know” Webinar, Module 3
- The Webinar recording and additional helpful documents are posted at:
 - <http://www.fmqai.com/HQDR-Inpatient-ED-2010-2.aspx>
 - <http://www.hsag.com/caproviders/events.aspx> (scroll down to the July 2010 past events)

01/2011

62



Information for Health Care Improvement



CLABSI-NHSN ENROLLMENT

- Reporting starts with 1st Qtr 2011 data, which are due by the August 15, 2011, deadline
- Still time to enroll in NHSN then collect and report your data by deadline
- Please review CLABSI-NHSN Enrollment User Guide provided in the Helpful Documents for this Module

01/2011

63



Information for Health Care Improvement



CLABSI-NHSN ENROLLMENT

- How to report if your hospital has no Intensive Care Unit (ICU)
- Options:
 1. Complete “No Intensive Care Unit (ICU) Beds waiver” form and submit form to CMS via **QualityNet Secure File Exchange Global exchange group**
 2. Enroll in NHSN and enter **ZERO** in the “number ICU of beds” field found in the “Patient Safety Component-Annual Facility Survey” form in NHSN tool

01/2011

64



Information for Health Care Improvement



CLABSI-NHSN ENROLLMENT

- Please review the following documents found in the Helpful Documents for Module 1
 - “No Intensive Care Units (ICU) Beds Waiver-Hospital Procedure”
 - “No Intensive Care Units (ICU) Beds Waiver” form
- Reminder:
 - If using the waiver form, it must be submitted to CMS via the QualityNet Secure File Exchange Global Exchange Group.

01/2011

65



Information for Health Care Improvement



Technical Expert Panel Info

- Each topic (AMI, HF, PN, and SCIP) has a Technical Expert Panel.
- Each panel is composed of professional guideline writers, representatives from applicable professional organizations, and known experts in the field.
- They assist in developing and fine-tuning the measures that are in each of the topics.
- Files containing the most recent members of these expert panels can be downloaded from this module’s Helpful Documents section.

01/2011

66



Information for Health Care Improvement



Helpful Documents

- FY 2012 Inpatient Program Changes
- FY 2012 Inpatient Program Checklist
- FY 2012 Inpatient Reporting Quarters
- Inpatient Schedules & Deadlines
- Hospital Inpatient Quality Reporting Calendar, Q1 2011
- Tip Sheet – Monitoring Submission of Inpatient Population & Sampling & Clinical Data

01/2011

67



Information for Health Care Improvement



Helpful Documents

- Inpatient IPledge Quick Reference
- Inpatient IPledge User Guide
- HAC Factsheet
- CLABSI Measures Users' Guide
- CLABSI – No ICU Beds Procedure
- Technical Expert Panel Lists
- FL & CA Hospital Inpatient Quality Reporting Program Resources (Revised 11/30/10)

01/2011

68



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

01/2011

69

Stay “In the Know”...

Subscribe to:

- FL & CA Hospital Inpatient Quality Reporting Program 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

www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1182785075079

01/2011

70

Questions?

- E-mail questions to Becky or Lawanna no later than **Friday, February 11, 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 Program E-mail List no later than **February 18, 2011**.

01/2011

71



Information for Health Care Improvement



Stay "In the Know" ...

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

AMI/HF/SCIP

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

Pneumonia/SCIP

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

01/2011

72



Information for Health Care Improvement





www.fmqai.com



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-2011F8-1-12079 and CA-9SOW-6.1-011411-01

01/2011

73