

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

Module 1: Administrative Update

October 2011

Becky Ure, RN, BSN, MEd

Lawanna Hurst, RN, BSN

1



Information for Health Care Improvement



Topics

- Important Dates and Deadlines
- Validation Updates
- New Measures for Inpatient and Outpatient 2012 Discharges
- Miscellaneous Information

2



Information for Health Care Improvement



IMPORTANT DATES AND DEADLINES

3

Important Dates and Deadlines

Hospital Compare Refresh	10/2011
2 nd Qtr 2011 Outpatient Population & Sampling and Clinical Data Submission Deadline	11/1/2011
2 nd Qtr 2011 Inpatient Population & Sampling Deadline	11/1/2011
2 nd Qtr 2011 Inpatient Clinical Data Submission Deadline	11/15/2011
Request for 2 nd Qtr 2011 Inpatient and Outpatient Validation Records *	Approximately 11/30/2011
CDAC Inpatient and Outpatient Validation Records Submission Deadline *	45 days after request letter date
3 rd Qtr 2011 HCAHPS Deadline	1/04/2012
3 rd Qtr 2011 HCAHPS Review and Correction Period	1/05/12 – 1/11/2012

* **Affects ONLY the 800 PPS (Prospective Payment System) hospitals selected for inpatient and/or outpatient validation. The most current inpatient and outpatient lists are posted at:**

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1138115987129>

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1191255879384>

4

Important Dates and Deadlines

CHANGES IN DEADLINE DATES INPATIENT

- New adoptions in the FY 2012 IPPS Final Rule
 - **HCAHPS:** Deadline moved forward by one week to allow for a week to review and correct data
Federal Register Vol. 76, No. 160, pages 51641 – 51643
 - **Chart Validation:** Record submission deadline has changed from 45 to 30 days after record request letter date
Federal Register Vol. 76, No. 160, page 51645
- Will begin in 2012 with 3rd quarter 2011 submissions

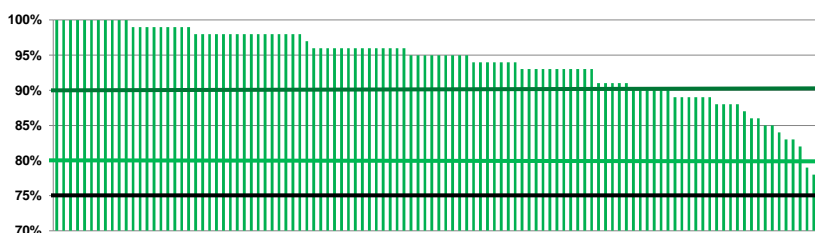
5

INPATIENT VALIDATION UPDATES

6

Inpatient Validation Updates

- The last of the 4th quarter 2010 inpatient validation rates were posted on 9/19/11.
- Out of 112 hospitals:
 - 11 hospitals scored 100%.
 - 78 hospitals scored between 90% and 99%.
 - 19 hospitals scored between 80% and 89%.
 - 2 hospitals scored between 75% and 79%.
 - Only one hospital failed.



7



Information for Health Care Improvement



Inpatient Validation

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

8



Information for Health Care Improvement



Inpatient Validation

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

9



Information for Health Care Improvement



Inpatient Validation

- What can supervisors do to try to minimize errors?
 7. Require all abstractors to review the quarterly Validation Mismatch CDAC Educational Comments handout provided with the "In the Know" Module 2 Helpful Documents.

10



Information for Health Care Improvement



NEW MEASURES STARTING JANUARY 1, 2012

11



Information for Health Care Improvement



New Measures for 2012 Discharges INPATIENT

Structural Measures

- Participation in a Systematic Clinical Database Registry for General Surgery
 - This will be a simple question/answer format similar to previous Structural Measures questions.
 - Hospitals will be required to complete the responses via *QualityNet* between April 1 and May 15, 2012.

12



Information for Health Care Improvement



New Measures for 2012 Discharges INPATIENT

Healthcare Associated Infection Measures (Reported to the NHSN)

- Surgical Site Infection (SSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)

13

New Measures for 2012 Discharges INPATIENT

Chart-Abstracted Measures Emergency Department Throughput

- **ED-1:** Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department
- **ED-2:** Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status

14

New Measures for 2012 Discharges INPATIENT

Chart-Abstracted Measures Prevention: Global Immunization

- IMM-1: Pneumococcal Immunization (PPV23)
- IMM-2: Influenza Immunization

15

New Measures for 2012 Discharges INPATIENT

Claims-Based Measure Cost Efficiency

- Medicare Spending per Beneficiary

16

New Measures for 2012 Discharges OUTPATIENT

Structural Measures

- **OP-17:** Tracking Clinical Results between Visits
 - This will be a simple question/answer format similar to previous Structural Measures questions.
 - Hospitals will be required to complete the responses via *QualityNet* between July 1 and August 15, 2012.
 - Responses will cover January 1 through June 30, 2012, discharges.

17

New Measures for 2012 Discharges OUTPATIENT

Chart-Abstracted Measures AMI/Chest Pain

- **OP-16:** Troponin Results for Emergency Department Acute Myocardial Infarction (AMI) Patients or Chest Pain Patients (with *Probable Cardiac Chest Pain*) Received Within 60 Minutes of Arrival

18

New Measures for 2012 Discharges OUTPATIENT

Chart-Abstracted Measures Emergency Department Throughput

- **OP-18:** Median Time from ED Arrival to ED Departure for Discharged ED Patients
- **OP-19:** Transition Record with Specified Elements Received by Discharged Patients
- **OP-20:** Door to Diagnostic Evaluation by a Qualified Medical Personnel

19

New Measures for 2012 Discharges OUTPATIENT

Chart-Abstracted Measures Emergency Department Throughput

- **OP-22:** Left Without Being Seen
 - Info for OP-22 will be sent through the secure side of *QualityNet*
 - Annual data submission period: July 1 – August 15, 2012, covering the performance period January 1 – December 31, 2011.

20

New Measures for 2012 Discharges OUTPATIENT

Chart-Abstracted Measures Pain Management

- **OP-21:** Median Time to Pain Management for Long Bone Fracture

Stroke

- **OP-23:** Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

21

MISCELLANEOUS INFORMATION

22

Helpful Documents and Resources

- Inpatient FY 2013 Payment Determination Data and Validation Requirement Deadlines
- Hospital OQR Program Important Dates
- Tip Sheet, Monitoring Submission Inpatient Population & Sampling and Clinical Data
- Tip Sheet, Preparation of Inpatient CDAC Validation Records

23

Questions?

- Please complete the short online survey at the end of this webinar. Questions and comments can be submitted in the open section at the end of the survey.
- Email any other questions to Becky or Lawanna by **Friday, November 11, 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 Quality Reporting Program E-mail List no later than **November 18, 2011**.

24

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

25

Stay "In the Know"...

Subscribe to:

- FL & CA Hospital Quality Reporting Program (HQRP) Email List
<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
- Small Hospitals Helping Each Other (SHHEO) Email List
<http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>

26

For Further Information...

***Florida and California hospitals should contact
the following Hospital Quality Reporting
Program Project Coordinators:***

AMI, HF, SCIP, and ED

Lawanna Hurst

lhurst@flqio.sdps.org

(813) 865-3417

PN, SCIP, and Immunization

Becky Ure

rure@flqio.sdps.org

(813) 865-3415

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

***[https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic
%2FPage%2FQnetTier3&cid=1138900297541](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900297541)***

27



Information for Health Care Improvement

HSAG



<http://www.fmqai.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-10SOW-2011FLC706-10-12512, CA-10SOW-7.4-102311-01

28



Information for Health Care Improvement

HSAG