

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

**Module 2b: Pneumonia Information for
Inpatient Abstractors**

October 2011

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Topics

- *Specifications Manual Version 4.0*
(1st and 2nd quarter 2012 discharges)
- CDAC Validation Mismatch Educational
Comments
- Miscellaneous Information

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SPECIFICATIONS MANUAL VERSION 4.0

1st and 2nd QUARTER 2012 DISCHARGES

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Information for Health Care Improvement



Specifications Manual Version 4.0

- Three sets of Release Notes:
 - Version 4.0: Describes major changes from version 3.3a to version 4.0 (yellow highlights)
 - Version 4.0a: Describes changes made as a result of the publishing of the FY 2012 Final Rule (blue highlights)
 - Version 4.0b: Describes changes made to SCIP-Card-2 and the data element *Anesthesia End Date* (pink highlights)

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Information for Health Care Improvement



Specifications Manual Version 4.0 Pneumonia Changes

- Measures that have been removed/retired:
 - PN-2, Pneumococcal vaccination
 - PN-4, Tobacco cessation advice/counseling
 - PN-5c, Initial antibiotics within 6 hours of arrival
 - PN-7, Influenza vaccination
- Continuing Pneumonia Measures:
 - PN-3a, Blood cultures for ICU patients
 - PN-3b, Blood cultures before initial antibiotics (ED)
 - PN-6, Initial antibiotic selection for CAP in immunocompetent patients

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Specifications Manual Version 4.0 Pneumonia Changes

- Pneumonia Antibiotic Consensus Recommendations:
 - Removed antibiotic selection for non-ICU patients less than 65 with no *Risk Factors for Drug-Resistant Pneumococcus*
 - Added Ceftaroline to beta-lactams for non-ICU patients
 - Added alternative regimen for ICU patients admitted with Tularemia or Yersinia pestis
 - Doxycycline (IV) + either a beta-lactam (IV) or an antipneumococcal/antipseudomonal beta-lactam (IV)

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Specifications Manual Version 4.0 Pneumonia Changes

Another Source of Infection

- Changed first bullet in definition to read, “Physician/APN/PA documentation of a named bacterial infection outside of the respiratory tract OR of an identified pathogen that is documented as currently present”
- Added bullet to the definition that reads, “Suspicion or known infection with Francisella tularensis (tularemia) or Yersinia pestis (pneumonic plague) documented by a Physician/APN/PA”

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Specifications Manual Version 4.0 Pneumonia Changes

Another Source of Infection, cont.

- Allowable values changed from yes/no response to one of three values
- Several changes to the Notes for Abstraction to clarify selection of correct allowable value
- Several changes/additions to the Inclusion and Exclusion Guidelines for Abstraction also related to the above changes

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Specifications Manual Version 4.0 Pneumonia Changes

Antibiotic Administration Date/Time

- Added new bullet to the Notes for Abstraction to clarify abstraction of IV antibiotics infusing on arrival for pneumonia patients:
 - “If the patient is on IV antibiotics when they arrive at the hospital collect the antibiotic name and route and use *Arrival Date* and *Arrival Time* as the date and time of antibiotic administration.”

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Specifications Manual Version 4.0 Pneumonia Changes

Antibiotic Received

- The last bullet pertaining to erroneous documentation of antibiotic administration date and time was removed from the Notes for Abstraction and replaced with separate instructions for PN and SCIP abstractions
- New bullets align the instructions for this data element with those for the data elements related to antibiotic abstraction regarding invalid and/or erroneous dates and/or times
- Bullets were added to clarify abstraction

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Specifications Manual Version 4.0 Pneumonia Changes

Arrival Date/Time

- Numerous changes in formatting of bullets to clarify information
- Several new bullets to further define ED records and "Procedure notes," not using preprinted dates on vital sign graphic records, arrival dates that may differ from admission dates, and how to abstract arrival date/time in various other scenarios
- Recommend review of all highlighted bullets

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Specifications Manual Version 4.0 Pneumonia Changes

Compromised

- New bullet: If the only documentation of HIV is an order for an HIV test, select value "4."
- Changed 9th bullet to read, "Systemic corticosteroid/prednisone and/or systemic immunosuppressant therapy must have occurred within the last three months prior to this hospitalization."
- New bullet: If a medication is listed on both Table 2.2 (Immunosuppressant Medications) and Table 2.15 (Systemic Corticosteroid Medications) consider the medication a systemic corticosteroid...

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Specifications Manual Version 4.0 Pneumonia Changes

ICU Admission or Transfer

- Information added to the definition:
The definition of an ICU for the purpose of the measures noted above is that used by the CDC in the NHSN Patient Safety Project. An intensive care unit can be defined as a nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. An ICU excludes nursing areas that provide step-down, intermediate care or telemetry only and specialty care areas.
- Bullet moved to Notes for Abstraction and modified:
If there is an order for ICU, but the patient was not moved to an ICU because the patient's condition changed and did not require an ICU level of care, select value "2." However, if the patient is not moved to an ICU unit due to lack of a bed, select value "1."

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Specifications Manual Version 4.0 Pneumonia Changes

ICU Admission or Transfer, cont.

- Critical new bullets added for PN abstractions:
 - Must now have physician order to admit or transfer to an ICU
 - Patient must physically be in the ICU within 24 hours after arrival to the hospital (do not use time of admission or transfer order)
 - If find ICU documentation but no physician order, select allowable value #2
- Specialty care units were added to the Exclusion Guidelines for Abstraction

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Specifications Manual Version 4.0 **Pneumonia Changes**

Pneumonia Diagnosis: ED/Direct Admit

- Data element has been completely re-formatted
- Only 3 allowable values:
 1. Yes for PN diagnosis for *both* ED and Direct Admits
 2. No for PN diagnosis for *both* ED and Direct Admits
 3. UTD
- “Only accept documentation of a pneumonia diagnosis that is clearly described as a diagnosis, impression, or plan to treat. Do not take anything that is labeled as a differential diagnosis.”

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Specifications Manual Version 4.0 **Pneumonia Changes**

Pneumonia Diagnosis: ED/Direct Admit, cont.

- “If your hospital labels the differential diagnosis using a different name (e.g. first impression), it must be clear that this is only a differential diagnosis.”
- Remainder of Notes for Abstraction divided into two sections: Patients seen in the ED and Direct Admits
- Several additions to the Inclusion and Exclusion Guidelines for Abstraction
- Recommend review of all highlighted bullets

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Specifications Manual Version 4.0 Pneumonia Changes

Transfer from Another Hospital or ASC

- Allowable values changed from five selections to:
 - Yes: Patient was received as a transfer from an inpatient, outpatient, or emergency/observation department of an outside hospital or from an ambulatory surgery center.
 - No: Patient was not received as a transfer from an inpatient, outpatient, or emergency/observation department of an outside hospital or from an ambulatory surgery center, or unable to determine from medical record documentation.
- “Notes for Abstraction” provides examples of scenarios for abstracting “yes” or “no” and for handling conflicting documentation

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Specifications Manual Version 4.0 Pneumonia Changes

Retired Data Elements

- *Diagnostic Uncertainty*: Deleted from the Data Dictionary due to retirement of PN-5c, Initial Antibiotic Within 6 Hours of Arrival
- *Risk Factors for Drug Resistant Pneumococcus*: No longer needed for measure calculation

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CDAC Validation Mismatch Educational Comments

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CDAC Validation Mismatch Educational Comments

- A variety of educational comments from 4th quarter 2010 validations has been consolidated into an additional handout and is available for download in the Module 2 “Helpful Documents” files.
- All abstractors are encouraged to review the mismatches and resultant educational comments to avoid making similar abstraction mistakes.

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MISCELLANEOUS INFORMATION

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Helpful Documents and Resources

- The following files are located under the Module 2 webinar files:
 - Q4 2010 Inpatient Validation Mismatch CDAC Educational Comments
 - Measure Set Fact Sheets, Q1 2012 Discharges
 - Prophylactic Antibiotic Regimen for Surgery (version 4.0 *Specifications Manual*), Pocket Card
 - VTE Prophylactic Recommendations (version 4.0 *Specifications Manual*), Pocket Card
 - Catheter-Associated Urinary Tract Infection (CAUTI) Event (CDC document)
 - Surgical Site Infection (SSI) Event (CDC document)

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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 Lawanna or Becky 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 Inpatient Quality Reporting Program Email List no later than **November 18, 2011**.

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 - January
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California and Florida "In the Know"
Oct 2011 Mod 2b, Pneumonia Abstraction Information

For Further Information...

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

AMI, HF, SCIP, and ED

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PN, SCIP, and Immunization

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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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Information for Health Care Improvement







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