

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

**Module 2d: Global Initial Patient Population  
& Sampling**

**October 2011**

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**Topics**

- Initial Patient Population and Sampling
  - The Sub-Group Approach
  - The Global Approach
  - Process for Quarterly Data Entries and Preparing for Abstraction

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## ***The Sub-Group Approach***

- The Initial Patient Population for each measure set (AMI, HF, PN) or strata (SCIP Strata 1, SCIP Strata 2, etc.) is identified independently from other measure sets.
- For example, the AMI Initial Patient Population is composed of patients that meet the following criteria:
  1. Admitted to acute inpatient care
  2. ICD-9-CM Principal Diagnosis Code for AMI (Appendix A, Table 1.1)
  3. 18 years of age or older
  4. Length of stay less than or equal to 120 days

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## ***The Sub-Group Approach***

- After identifying the Initial Patient Population for each measure set, one of the following sampling methodologies must also be selected for each measure set:
  - Sample all of the cases in the Initial Patient Population
  - Sample based on the quarterly sampling methodology for each measure set
  - Sample based on the monthly sampling methodology for each measure set
- Cases are randomly selected from each measure set's Initial Patient Population until the sample size is met.
- These are the cases that are abstracted and reported.

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## ***The Global Approach***

- The Global Initial Patient Population must meet the following criteria:
  1. ALL patients admitted to acute inpatient care
  2. Length of stay less than or equal to 120 days
- The sampling methodology is selected:
  - Abstract all of the cases (in this case, your “sample” is 100% of the Global Initial Patient Population)
  - Sample based on the quarterly sampling methodology
  - Sample based on the monthly sampling methodology

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## ***The Global Approach***

- Cases are randomly selected from the Global Initial Patient Population until the sample size is met.
- These are the cases that are abstracted and reported for each of the Global Measure Sets.
- For the Global Measure Sets, ALL admitted patients (not just those within a sub-group) have an equal chance of being sampled and abstracted.

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## ***The Global Approach***

- Beginning with January 1, 2012, discharges, cases in the Global Sample will be abstracted for the two mandatory global measure sets required for Prospective Payment System (PPS) hospitals to receive their full inpatient APU for FY 2013:
  - Global Emergency Department Measure Set
  - Global Immunization Measure Set
- Optional global measure sets for voluntary submission to The Joint Commission only are:
  - Global Substance Abuse Measure Set
  - Global Tobacco Treatment

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## ***Process for Quarterly Data Entries and Preparing for Abstraction***

- Many of the cases randomly selected and included in the Global Sample will also qualify to be in the “sub-group” Initial Patient Populations for AMI, HF, Pneumonia, and SCIP.
- To reduce the abstraction burden on hospitals, CMS and The Joint Commission recommend that hospitals identify the cases in their global sample before identifying the cases in each independent measure sets sample.

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## ***Process for Quarterly Data Entries and Preparing for Abstraction***

### Note

- The CMS Abstraction and Reporting Tool (CART):
  - The new version of CART will allow abstractors to enter administrative data (name, date of birth, admission/discharge date, etc.) once and then select one or more of the measure sets that will be abstracted for that episode of care.
  - This will eliminate the abstractor having to enter the administrative information separately for each measure set.
- Hospitals that use vendor abstraction tools should contact their vendor for information on how the vendor tool will handle this.

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## ***Process for Quarterly Data Entries and Preparing for Abstraction***

1. Identify the number of cases in the Global Initial Patient Population and calculate the minimum number of cases required for the Global Sample:  
$$\text{Global Initial Patient Population} = 1550$$
$$\text{Global Sample} = 306$$
2. Randomly select the actual cases that will be in the Global Sample:  
John Doe, Admitted 1/1/12 – 1/5/12  
Jane Smith, Admitted 1/3/12 – 1/6/12  
(continue until total of 306 cases are identified)

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## ***Process for Quarterly Data Entries and Preparing for Abstraction***

3. For each of the sub-group measure sets (AMI, HF, PN, SCIP, etc.), identify the number of cases in the Initial Patient Population and calculate the minimum number of cases for that measure set's Sample:

AMI Initial Patient Population = 100

AMI Sample = 78

4. Identify the number of cases in the Global Sample that also qualifies to be in each sub-group measure set's Initial Patient Population and Sample.

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## ***Process for Quarterly Data Entries and Preparing for Abstraction***

5. For each sub-group measure set, compare the number of cases found in the Global Sample to the minimum number required for that sub-group measure set's Sample.
  - Global cases  $\geq$  Measure Set Sample: No further action needed
  - Global cases  $<$  Measure Set Sample: Will need to identify additional cases
6. If extra cases are needed for any sub-group measure set (to meet minimum sampling requirements), those cases should be randomly selected from that sub-group's remaining Initial Patient Population.

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## **Process for Quarterly Data Entries and Preparing for Abstraction**

### **Example (Quarterly Sampling)**

Population or Measure Set	Initial Patient Population	Sample (Minimum Number)	Number Found in Global Population	Additional Cases Needed
Global	1550	306	-	-
AMI	63	63	53	10
HF	100	76	28	48
PN	232	60	20	40
SCIP Strata 3	114	17	17	0
SCIP Strata 4	92	17	16	1
SCIP Strata 6	178	18	21	0 (3 over)
SCIP Strata 8	186	19	25	0 (6 over)

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## **For Further Information...**

- Review the information in Section 4, Population and Sampling Specifications, in the *Specifications Manual*.
- If hospitals have contracted with a vendor, maintain close communication with that vendor’s contact person.

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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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## Stay “In the Know”...

- Be sure to listen to the quarterly pre-recorded webinars posted no later than the fourth week of:
  - January
  - April
  - July
  - October
- Subscribe to:
  - FL & CA Hospital Inpatient Quality Reporting Program (HIQRP) 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>

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**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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