

Quality Reporting Update

Volume 1
Fall 2011

“We must learn to view change as a natural phenomenon - to anticipate it and to plan for it. The future is ours to channel in the direction we want to go... we must continually ask ourselves, ‘What will happen if...?’ or better still, ‘How can I make it happen?’ “ – author unknown.

CIMRO of Nebraska recently began implementation of the new Medicare Quality Improvement Organization program. We are working to develop a plan to best meet the needs of our partners and our approach for continued quality improvement. A new scope of work brings change and uncertainty. However, we recognize that change is positive and a great opportunity. Previously, we have offered support to hospitals on inpatient quality reporting. The new program expands assistance on quality outpatient reporting measures.

We have incorporated inpatient and outpatient quality reporting updates within this publication. Relevant information has been marked by the tabs at the top of each page. We hope this is a usable format for you and welcome input on ways to make this information easier to understand. We look forward to partnering with you as we approach new challenges and as we strive to meet our vision of making healthcare in Nebraska the nation's best.

Google Group

The national SCIP listserv no longer exists. In its place is a Google group, Hospital Quality Share. This sharing forum extends across state lines to allow users the opportunity to discuss and exchange information, resources and tools to support quality improvement activities related to the hospital inpatient and outpatient measures.

The Google group homepage can be accessed at: <http://groups.google.com>. You may view posts without an account, but it is necessary to set up an account to post or reply to messages or to upload documents.

Competition between hospitals has given way to open sharing of resources and tools to improve patient care. However, this Google group should not be used for hospital reporting communications, such as abstraction questions. CIMRO of Nebraska does not provide support for this Group and cautions hospitals to be cautious of the content prior to making any system changes.

Please Note:

This newsletter is to be viewed in electronic format. Links to resources are embedded within this publication and are not available in printed form. Also, the web addresses within this publication are condensed to make the document more user-friendly.

Hospital Compare

Last updated on October 13, 2011

With this refresh, **Hospital Compare** is now publicly reporting the following inpatient data:

- Children's Asthma Care Measures – Rates based on discharges from 1Q2010 through 4Q2010
- Inpatient and Outpatient Clinical Process Measures – Rates based on discharges from 1Q2010 through 4Q2010
- 30-Day Risk-Standardized Mortality and Readmission Measures – Rates based on Medicare claims for 3Q2007 through 2Q2010
- HCAHPS Patient Survey Measure – Rates based on 1Q2010 through 4Q2010
- Medicare Payment and Volume – Data based on 4Q2009 through 3Q2010
- Structural Measures – Data participation during 1Q2010 and 2Q2010 for the following systematic databases:
 - ◆ Cardiac Surgery
 - ◆ Stroke Care
 - ◆ Nursing Sensitive Care
- Outpatient Imaging Efficiency Measures—Rates based from 1Q2009 through 4Q2009
- Serious Complications and Deaths—Based on rates from 4Q2008 through 2Q2010
- Hospital-Acquired Conditions (HACs)—Based on rates from 4Q2008 through 2Q2010
- Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs)—Rates based on discharges from 4Q2008 through 2Q2010

IQR and OQR Benchmark Data

CMS released quarterly benchmarks of care, based on data submitted by hospitals to the Clinical Data Warehouse. Benchmarks are established using the Achievable Benchmarks of Care™ (ABC) methodology and are based on the actual performance of the top facilities. ABC benchmarks identify superior performance and encourages poorer performers to improve. They are data-driven, peer-group performance feedback.

For the determination of the 90th percentile (top 10 percent) for continuous variable measures (OP-1, OP-3 and OP-5), the individual provider median times (in minutes) are in order by rank and the top 10th percentile median score is identified as the benchmarks. These benchmarks can be found at www.qualitynet.org

AHRQ Measure Update

CMS requests that hospitals disregard the Hospital-Specific Report (HSR) received on July 26, 2011 and the results for Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQIs) and Patient Safety Indicators (PSIs) included in the October 2011 Hospital Quality Alliance (HQA) preview report. CMS has identified an error in the calculations of the measures; specifically, claims with a discharge code of "70", which were treated as deaths instead of transfers to a non-acute care facility.

CMS has recalculated the AHRQ measures and refreshed the data to Hospital Compare.

New Antibiotic Recommendations

Beginning with January 1, 2012 discharges, **new antibiotic recommendations** are posted for a **Principal Procedure of Hysterectomy** with an **Other Procedure of Colon Surgery**. The recommended antibiotic options are as follows along with corresponding **Tables**.

- Cefotetan, Cefazolin, Cefoxitin, Cefuroxime, or Ampicillin/Sulbactam from Table 3.7
- Ertapenem Table 3.6b

If B-lactam allergy:

- Clindamycin Table 3.9 + Aminoglycoside Table 2.11
- Clindamycin Table 3.9 + Quinolone Table 3.12

- Clindamycin Table 3.9 + Aztreonam Table 2.7
- Metronidazole Table 3.6a + Aminoglycoside Table 2.11
- Metronidazole Table 3.6a + Quinolone Table 3.12

Population and Sampling

IPPS hospitals are required to submit ICD-9 Population and Sampling counts by November 1, 2011.

Submission Deadline Reminder

2Q2011 Inpatient data is due to the Clinical Warehouse by November 15, 2011.

Click [here](#) to review the updated **IQR Submission Deadlines Document**

FY 2012 Federal Register Released

CMS issued the final rule on August 18, 2011. It can be downloaded from the CMS's FY 2012 Final Rule page: **www.cms.gov**. Details regarding the Hospital Inpatient Quality Reporting (IQR) Program begin on page 130 of the PDF downloadable file. According to the final rule, the following four measures are retiring beginning with January 1, 2012 discharges:

- AMI-4, HF-4 and PN-4: Adult smoking cessation advice/counseling
- PN-5c: Timing of receipt of initial antibiotic following hospital arrival

VTE Prophylaxis Drug Rivaroxaban

On July 1, 2011, the Food and Drug Administration approved the once daily oral factor Xa Inhibitor rivaroxaban (Xarelto) for Venous Thromboembolism (VTE) prophylaxis in patients undergoing total hip and total knee arthroplasty. CMS is aware that Appendix H and the recommendation table for SCIP VTE lists only fondaparinux (Arixtra) for factor Xa Inhibitors.

For the timeframe of July 1, 2011 through December 31, 2011, to prevent hospitals from having cases fail the two VTE measures when rivaroxaban is ordered for patients undergoing hip and knee arthroplasty, CMS is recommending abstractors select "allowable value 5" (Factor Xa Inhibitor) in the data element VTE Prophylaxis.

Reporting Healthcare-Associated Infections (HAI)

CMS selected CDC's National Healthcare Safety Network (NHSN) as the database program to report HAI measures for hospitals and other healthcare facilities. More information about NHSN can be found at www.cdc.gov. Refer to the final and proposed HAI events and facility types. ([view table](#)).

Fact Sheets

Updated Fact Sheets for discharges are now available for pneumonia, heart care, ED measures, immunizations and SCIP. They can be found at www.cimronebraska.org/...

Hospital Reporting

ICD-9-CM Code Tables

For Specifications Manual Version 3.3b for inpatient discharges April 1, 2011 through December 31, 2011 and Version 4.0a for discharges January 1, 2012 through June 30, 2012, there are two Appendixes A for each Specifications Manual. Each Appendix A is for one quarter only. Each quarter is being revised to correct ICD-9-CM codes and shorten description changes. Scroll to the bottom of the following pages to view each Appendix at the following: [Version 3.3b](#) and [Version 4.0](#).

Global Initial Patient Population

Global is an umbrella name for the four measure sets, Emergency Department (ED), Immunization (IMM), Substance Use (SUB) and Tobacco Treatment (TOB). The purpose of defining an umbrella name was to apply one population flow and one sampling on the Global population and reduce the burden of sampling for four measure sets or any number of these four measure sets that are selected. Therefore, if only two of the Global measure sets are selected and reported, the process would only apply for those two measure

sets. The SUB and TOB measures are CMS information only.

All patients discharged from acute inpatient care are included in the Global Initial Population. Hospitals must submit the same case for all applicable measure sets under the Global Initial Patient Population. For every ED case that is submitted to the Clinical Warehouse the same case must also be submitted as an IMM case. The pulled sample must be used to identify the data for all measure sets or stratum (ED, IMM, SCIP, AMI, etc.) that are transmitted to the Clinical Warehouse. View the Specifications Manual here: <http://qualitynet.org>.

New Measures! Emergency Department

Reducing the time patients remain in the Emergency Department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capacity to provide additional treatment. These measures are effective with January 1, 2011 discharges. To view the measures and Specification Manual, visit: www.qualitynet.org

New Measure! Immunization (IMM)

Pneumococcal infection causes an estimated 5,000 deaths from invasive disease annually in the United States (Source: CDC). All pneumococcal infections, including invasive and non-invasive disease, result in approximately 2.4 million days of

hospitalization. While there is limited evidence that PPV23 can prevent pneumonia, multiple studies have demonstrated the effectiveness of that vaccine against pneumococcal bacteremia in vaccinated patients.

Patient populations are as follows:

- Inpatient discharges 65 years and older
- Inpatient discharges 6-64 years of age with an **ICD-9-CM Principal or other Diagnosis Code** of diabetes (Table 12.1), nephritic syndrome (Table 12.6), ESRD (Table 12.2), CHF (Table 2.1), COPD (Table 12.5), HIV (Table 12.8) and/or asplenia (Table 12.7)
- Inpatient discharges 19-64 years of age with a Principal or other Diagnosis Code of asthma (Table 12.4)

To pass the measure, the patient should be screened for PPV23 status and receive the PPV23 prior to discharge, if indicated. Included in the numerator population are as follows:

- Patients who received PPV23 during this inpatient hospitalization
- Patients who received PPV23 anytime in the past
- Patients who were offered and declined PPV23
- Patients who have an allergy/sensitivity to the vaccine or the vaccine is not likely to be effective due to the following:
 - Hypersensitivity to component(s) of the vaccine
 - Bone marrow transplant within the past 12 months

- Receipt of chemotherapy or radiation during this hospitalization or less than two weeks prior to this inpatient hospitalization
- Received the shingles vaccine (Zostavax) within the last four weeks
- Patients six years of age who received a conjugate vaccine within the previous eight weeks

VBP program is designed to promote better clinical outcomes for patients as well as improve their experience of care. To view CMS's fact sheet, click here: www.cms.gov. Also, see **FY2013 Benchmarks and Threshold** data.

Value-Based Purchasing (VBP)

The Affordable Care Act includes a number of policies to help physicians, hospitals and other caregivers improve the safety and quality of patient care and make healthcare more affordable. Starting in October 2012, Medicare will reward hospitals that provide high quality care for their patients through the new Hospital Value-Based Purchasing Program. This program marks the beginning of a historic change in how Medicare pays healthcare providers and facilities. For the first time, hospitals across the country will be paid for inpatient acute care services based on care quality, not solely the quantity of the services provided.

Under the program, CMS will make value-based incentive payments beginning in FY 2013 to acute care hospitals, based on how well the hospital performs on measures or how much the hospitals' performance improves from a baseline period. The hospital

OPPS Proposed and Final Rule Timeline

Proposed changes to the Hospital Outpatient Prospective Payment System (OPPS) for **Calendar Year (CY) 2012** was displayed on July 1, 2011. The Final Rule is scheduled for mid-November. The proposed rule can be found here: www.cms.gov.

[Click here](#) to review the updated **OQR Submission Deadlines Document**

Hospital Outpatient AMI/Chest Pain Measures

The hospital outpatient AMI/Chest Pain measures have two distinct populations. Patients included in these measures are as follows:

- Patients seen in a hospital ED with an E/M Code from **Table 1.0**
- Patient age on outpatient encounter data of 18 years old and older
- Discharged/transferred to a short-term general hospital for inpatient care or to a Federal healthcare facility
 - For AMI, ICD-9-CM Principal Diagnosis Code from **Table 1.1**
 - For Chest pain, ICD-9-CM Principal or Other Diagnosis Code from **Table 1.1a**

Hospital Outpatient Surgical Care

Patients seen in a hospital-based outpatient surgery center are included in the OP-6 and OP-7 population if the patient age is 18 years older or older and has a Current Procedural Terminology (CPT) Code for surgery as defined in **Table 6.0**

Upcoming National Provider Webinars

(more information will be sent when available)

Wednesday, November 16:

Hospital OQR Final Rule

Wednesday, January 18:

Specifications Manual Changes - New Measures for OQR

Resources:

Hospital Consumer Assessment of Hospital Providers and Systems (HCAHPS)

www.hcahpsonline.org/whatsnew.aspx

CDC's National Healthcare Safety Network

www.cdc.gov/nhsn/cms-welcome.html

Hospital Compare

www.hospitalcompare.hhs.gov

National Quality Forum

www.qualityforum.org/Home.aspx

Data and Maps Tool:

We developed an innovative section of our website to review, track and measure clinical measures in Nebraska and beyond. Check out the Data and Maps section of the web site for healthcare data, graphs and customizable chart comparisons. Data and graphs are updated weekly for your viewing pleasure.

www.cimronebraska.org/...Data and Maps

Nebraska Healthcare Quality Forum



May 8, 2012

Embassy Suites & Conference Ctr
La Vista, Nebraska

Call for presentations will be sent in early December. More information to come.

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Disclaimer: CIMRO of Nebraska recreated some of the measures table and encourage you to refer to *The Specifications Manual for National Hospital Inpatient Quality Measures (Specifications Manual)* for verification and validation of information provided.