



In this issue:

Featured Items ..... 1
New APU Requirement - Data Accuracy and Completeness Acknowledgement (DACA) Information for FY 2011 ..... 1
Specification Manual Release Data Chart ..... 2
Quest Responses Revised in May ..... 2
CMS Changes Rule to Increase Hospital Access to Telemedicine..... 3
Experts Expect Health Reform to Increase Quality of Care for Medicare Beneficiaries ..... 3
AHRQ Study Finds One in Four Hospital Patients Were Readmitted for Same Condition Within Two Years ..... 3
CDC Study Finds 18 Percent Drop in Central Line Infections in 17 States ..... 4
RMR-WOCN/NPUAP is holding a Regional Seminar in Denver, CO this October! – previously reported ..... 4
RHQDAPU Submission Deadlines – previously reported ..... 4
Transparency, Checklists Help Reduce Central Line Infections – previously reported ..... 5
A 2020 Vision for Healthy People – previously reported..... 5
DHHS Seeks Patient Feedback on Health Information Technology – previously reported..... 5
FREE resource with CME/CE at Medscape on Surgical-Site Infections – previously reported ..... 6
New CMS Measure AMI-10: Statin Prescribed at Discharge – previously reported ..... 6
Structural Measure Requirements for RHQDAPU FY2011 – previously reported ..... 7
Hospital Outpatient Quality Data Reporting Program (HOP QDRP) Information – previously reported ..... 8
Upcoming Regional WebEx Series for the Comprehensive Heart Failure Care: From Hospital to Home..... 9
Up Next on WIHL..... 9
Hospital Projects Calendar..... 10
Contact Information ..... 10

Featured Items

New APU Requirement - Data Accuracy and Completeness Acknowledgement (DACA) Information for FY 2011

Data Accuracy and Completeness Acknowledgement will be required to be entered by all IPPS hospitals between July 1, 2010 and August 15, 2010 for the FY2011 Annual Payment Update (APU). This is a new requirement for RHQDAPU participating hospitals to electronically acknowledge that the data they submitted for the FY2011 RHQDAPU APU is accurate and complete to the best of their knowledge. CAH hospitals can enter this, but are not required.

Data entry will be completed on *My QualityNet*, the secure side of the *QualityNet* website via an online tool. The role to access this link is the Measure Designation Update or Read role. The application will allow users to view and answer the Structural Measure questions and the Data Accuracy and Completeness Acknowledgement.

A recorded training and user guide will be posted to QualityNet the first week of June.

Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

[Return to Top of Document](#)

### Specification Manual Release Data Chart

The attached chart ([Specification Manual Release Data Chart](#)) may be useful to you in the upcoming months - to reflect the change in the manual updates. SDPS memo #10-116-HD outlines the changes in the schedule. The schedule change will align all inpatient and outpatient manual releases to be in January and July, rather than April and October. There will be a final October manual update/release in 2010. The attached chart reflects the release dates and timeframes. For more information, the memo is available at: [http://qionet.sdps.org/sdps\\_memos/sdps\\_memos\\_2010/10116hd.htm](http://qionet.sdps.org/sdps_memos/sdps_memos_2010/10116hd.htm)

If you have questions, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org)

[Return to Top of Document](#)

### Quest Responses Revised in May

Please find below the *QUEST Responses Revised in May, 2010*. Abstractors are responsible for knowing these revisions when abstracting. When searching for a particular QUEST question number, we have been told that it will work best if you put the number in the search engine, but leave the “topic” area blank. Please let Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) know if you have any questions.

#### Quest Responses Revised (AMI, HF, PN or SCIP Topics)

May 2010

Revised Responses Measure Set	Question #	Data Element/Subject
PN Measures	1228730569392	Adult Smoking History
PN Measures	1228755246684	Antibiotic Received
PN Measures	1228736351870	Pneumonia Diagnosis: ED/Direct

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PN Measures	1228755677036	Admit
SCIP Measures	1228755828181	Another Source of Infection
SCIP Measures	1228755868251	Infection Prior to Anesthesia
		Reason for Not Administering VTE Prophylaxis
SCIP Measures	1228756236606	Reason for Not Administering Beta-Blocker Perioperative

[Return to Top of Document](#)

### **CMS Changes Rule to Increase Hospital Access to Telemedicine**

On May 26, *HealthLeaders Media* reported that CMS published proposed changes to the Conditions of Participation (CoP) rule, allowing hospitals and critical access hospitals (CAH) to use credentialing and privileging information about telemedicine providers from remote locations. Previously, CMS allowed hospitals and CAH to accept credentialing information about telemedicine providers from the distant site, but not privileging information. However, in order to increase efficiency and to provide patients with access to vital telemedicine services, CMS decided to ease the conditions. Read more at: <http://tinyurl.com/3ahrzgt>.

[Return to Top of Document](#)

### **Experts Expect Health Reform to Increase Quality of Care for Medicare Beneficiaries**

On May 25, *Danville News* reported that changes to Medicare in the health reform law could drive innovation in the hospital delivery system and primary care, reducing the use of emergency rooms for non-emergencies. In addition, Medicare won't pay for preventable hospital readmissions starting in 2012. That means providers must work together to assure efficiency and quality of care while focusing on health outcomes for patients. Medicare aims to change how hospitals are being paid by allowing providers, organized as "accountable care organizations," to share in the cost savings they achieve in the Medicare program. Read more at: <http://tinyurl.com/36oaqzh>.

[Return to Top of Document](#)

### **AHRQ Study Finds One in Four Hospital Patients Were Readmitted for Same Condition Within Two Years**

On May 26, *HealthNewsDigest.com* reported that the Agency for Healthcare Research and Quality (AHRQ) released findings that one-quarter of all hospital patients were readmitted over a two-year period for the same conditions that prompted their initial hospitalization. The study analyzed data from

15 million patients in 12 states in 2006 and 2007. Among Medicare patients, 42 percent experienced multiple hospital admissions and 38 percent experienced multiple emergency department visits. Read more at: <http://tinyurl.com/3xn54ab>.

[Return to Top of Document](#)

### **CDC Study Finds 18 Percent Drop in Central Line Infections in 17 States**

On May 28, *HealthLeaders Media* reported that the U.S. Centers for Disease Control and Prevention (CDC) published a report finding that central line-associated bloodstream infections dropped by 18 percent overall in 17 states in the first six months of 2009 compared with the previous three years. According to Peter Pronovost, MD, medical director of the Center for Innovations in Quality Patient Care at Johns Hopkins University, the report marks a turning point in transparency and accountability for health care. The report used information from CDC's National Healthcare Safety Network (NHSN) and included data from 1,538 facilities in 17 states. Department of Health and Human Services (DHHS) Secretary Kathleen Sebelius stated that central line-associated infections not only cause death in hospitalized patients, but cost \$2.7 billion in added costs to the health care system. The data provides a solid benchmark against which future efforts can be measured, according to officials at the Association for Professionals in Infection Control and Epidemiology (APIC). Read more at: <http://tinyurl.com/36m87se> or read the summary of the report at: <http://tinyurl.com/34rxlej>.

[Return to Top of Document](#)

### **RMR-WOCN/NPUAP is holding a Regional Seminar in Denver, CO this October! – previously reported**

Presented by the Rocky Mountain Region of the WOCN in cooperation with the National Pressure Ulcer Advisory Council (NPUAP) featuring Best Practices for Pressure Ulcer Prevention & Management: Old Concepts, New Ideas.

RMR-WOCN / NPUAP FALL CONFERENCE  
OCTOBER 14–16, 2010 in DENVER, CO

Please see the attached document for [more information](#).

[Return to Top of Document](#)

### **RHQDAPU Submission Deadlines – previously reported**

Please find attached to this newsletter the [RHQDAPU Submission Deadlines](#) document. It contains deadlines for HCAHPS, Structural Measures, Data Accuracy and Completeness, Public Reporting Deadlines and Medical Record Validation Schedule. All deadlines are subject to change by CMS. Any changes will be noted in future newsletters.

## [Return to Top of Document](#)

### **Transparency, Checklists Help Reduce Central Line Infections – previously reported**

On May 16, *The Chicago Tribune* reported on the work of Illinois hospitals to reduce central line-associated bloodstream infections known as CLABSIs. Among the strategies used by these hospitals to reduce CLASBSIs is a simple checklist promoted by Dr. Peter Pronovost. At Loyola University Medical Center in Maywood, Ill., staff began paying more attention to how central lines were inserted, their daily care, and bathing patients with chlorhexidine, a chemical antiseptic. Northwestern Memorial Hospital in Chicago, along with the Northwestern Feinberg School of Medicine, carried out research showing that infections can also be cut by teaching doctors-in-training the best way to insert a central line on a simulator using a headless, armless dummy. The residents were taught to use “a central line bundle” checklist as well. To learn more at: <http://tinyurl.com/23ptkxp>

## [Return to Top of Document](#)

### **A 2020 Vision for Healthy People – previously reported**

On May 5, *The New England Journal of Medicine* featured commentary by Howard K. Koh, M.D., M.P.H. about the Healthy People Initiative, a program of the Department of Health and Human Services (DHHS). In the article, Dr. Koh describes the initiative, which was launched in 1979, as a systematic approach to health improvement, encompassing the mutually reinforcing tasks of setting goals, identifying baseline data and 10-year targets, monitoring outcomes, and evaluating the collective efforts of health-improvement activities nationwide. He touches on the activities of Healthy People 2010 which wraps up this year and provides data on some of the initiative’s objectives including reducing the number of deaths associated with coronary heart disease, decreasing the rate of cigarette smoking among adults and decreasing obesity rates among adults. Dr. Koh also discusses Healthy People 2020, the fourth-generation plan to be released this fall. Read more at: <http://tinyurl.com/36fqks6>.

## [Return to Top of Document](#)

### **DHHS Seeks Patient Feedback on Health Information Technology – previously reported**

On May 17, *HealthLeadersMedia* reported on the Department of Health and Human Services’ (DHHS) plan to launch two surveys to gather patients’ feedback and satisfaction with Electronic Health Records (EHRs) and Personal Health Records (PHRs) to improve nationwide health information technology (HIT) adoption efforts. DHHS will survey about 500 Medicare beneficiaries who are enrolled in the Medicare PHR Choice Pilot, a program that allows beneficiaries to track their own health and healthcare services. The results of the survey will be crucial in Medicare’s decision whether or not to adopt a national PHR program. The second survey will assess the gap between

patients' and providers' perceptions about how EHR systems affect the delivery of care. DHHS plans to gather information about EHR preferences through three projects: A survey that will collect information directly from 840 patients; a screening and recruitment form for staff at primary care practices; and a focus group of about 20 patients from primary care practices. Read more: <http://tinyurl.com/2crmokt>.

[Return to Top of Document](#)

### **FREE resource with CME/CE at Medscape on Surgical-Site Infections – previously reported**

For those who do not visit the Medscape site, there are often many valuable resources there. They do require registration, but it is free. One of the recent offerings: Prevention of Surgical-Site Infections: Best Practices, Better Outcomes is presented by a panel with physicians and national experts.

The recorded webinar features the following panel of speakers:

E. Patchen Dellinger, MD

Professor of Surgery, University of Washington School of Medicine, Seattle, Washington; Chief, Division of General Surgery, University of Washington Medical Center, Seattle, Washington

Steven Gordon, MD

Chairman, Department of Infectious Diseases, The Cleveland Clinic, Cleveland, Ohio

Richard P. Wenzel, MD, MSc

Professor and former Chairman, Department of Internal Medicine, Virginia Commonwealth University, Richmond, Virginia

It is available at the following:

<http://cme.medscape.com/viewarticle/720011>

[Return to Top of Document](#)

### **New CMS Measure AMI -10: Statin Prescribed at Discharge – previously reported**

Attached to this newsletter, please find the [\*AMI Statin Fact Sheet\*](#). It summarizes this upcoming AMI measure. This measure is voluntary for 4Q10. If the hospital chooses to submit this measure for 4Q10, they will need to select it in Measure Designation, available on [www.qualitynet.org](http://www.qualitynet.org).

Beginning with 1Q11, AMI-10 is required for RHQDAPU. At that time, it will be automatically selected in Measure Designation, and if the provider is an APU hospital, they will not be able to de-select it. If you have questions regarding this measure, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org).

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[Return to Top of Document](#)

## **Structural Measure Requirements for RHQDAPU FY2011 – previously reported**

The three registry measures are:

- Participation in a Systematic Database for Cardiac Surgery
- Participation in a Systematic Clinical Database Registry for Stroke Care
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care

These measures **do not require** the hospital to participate in a registry. Hospitals that do not currently report to a registry will **not** be required to do so, and will not be penalized for not participating in a registry. **A hospital's APU will only be affected if the hospital does not answer the required questions indicating they do or do not participate in a registry.** Annual data entry period: July 1 - August 15, 2010 covering the time period January 1, 2010 - June 30, 2010.

Data entry will be achieved through the secure side of QualityNet.org via an online tool called **Structural Measures\Data Acknowledgement**. It is available in the Manage Measures section with a link on the MyTasks page. This application will allow hospitals or their vendors to view and answer the measure question(s). The role to access this link is the Measure Designation Update or Read role. These roles are currently in use. Once the application is released, if a user has the role, the link will be available. Measure Designation Update will allow the user to view, print or edit the question(s) and answers. Measure Designation Read will allow the user to view or print this information.

**Definition for participation:** Participation is defined as: submitting standardized data elements applicable to at least two NQF endorsed measures related to the topic measured by the registry and reporting on all patients eligible for the measures.

**Definition for qualified database registry:** Qualified is defined as: Receiving data from more than five hospitals, providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

### Frequently Asked Questions FY 2011 Structural Measures:

*Question:* What is the definition of participation in a registry?

*Answer:* Participation is defined as submitting standardized data elements applicable to at least two NQF endorsed measures related to the topic measured by the registry and reporting on all patients eligible for the measures.

*Question:* What is the definition of qualified?

*Answer:* Qualified is defined as Receiving data from more than five hospitals, and providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

*Question:* Will I be required to participate in a registry for the fiscal year (FY) 2011 RHQDAPU program?

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*Answer:* For the FY 2011 RHQDAPU hospitals that do not currently report to a registry will not be required to do so, and will not be penalized for not participating. A hospital's Annual payment update (APU) will only be affected if the hospital does not answer the required questions indicating they do or do not participate in the registry.

*Question:* When will the tool be available for the hospitals to enter data regarding structural measures registries questions and data acknowledgement?

*Answer:* The tool will be available from July 1, 2010 through August 15, 2010.

*Question:* Do I have the option to answer the structural measures questions?

*Answer:* A hospital and/or vendor need to be given access to the Measure Designation Update Role by your QualityNet security administrator.

*Question:* Can structural measures registries questions and data acknowledgement data be submitted via XML by my vendor?

*Answer:* Data can only be entered manually through the online tool by the hospital or vendor.

*Question:* Will I fail to receive my full APU if I answer, "No, I don't participate in a registry?"

*Answer:* Hospitals will not have a reduction in their APU for selecting "No" to the registry questions.

*Question:* Why do you have to enter a password?

*Answer:* Entering a password into the tool again is like an electronic signature.

If you have questions regarding these structural measures, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org)

[Return to Top of Document](#)

## **Hospital Outpatient Quality Data Reporting Program (HOP QDRP) Information – previously reported**

It is suggested that if you want to continue to receive information regarding the Hospital Outpatient Quality Data Reporting Program (HOP QDRP), interested parties are encouraged to sign up for the HOP QDRP ListServe. By signing up for this ListServe, you will receive e-mails pertaining to the Outpatient Program.

To sign up to get these e-mails, go to [www.qualitynet.org](http://www.qualitynet.org). You do not need to sign in. On the lower left side, there is a box titled "Join List Serves". Select the link that says "Sign up for Notifications and Discussions". This will take you to a screen to sign up for the ListServe. There is also a box on this screen called "Resources" which can direct you if you have further questions regarding signing up for ListServes.

Other questions regarding Outpatient Data Reporting should be directed to the Hospital Outpatient Quality Data Reporting Program (HOP QDRP) at [hopqdrp@fmqai.com](mailto:hopqdrp@fmqai.com).

[Return to Top of Document](#)

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## Upcoming Regional WebEx Series for the Comprehensive Heart Failure Care: From Hospital to Home

We are pleased to announce that we are adapting the Comprehensive Heart Failure Care: From Hospital to Home workshop series that was presented last year into a WebEx series. The new series will be regularly held the second Tuesday of each month from 11:00 a.m. – 12:00 p.m. and will cover topics on pathophysiology and assessment, management of chronic heart failure, management of the patient with acutely decompensated heart failure, and helping the heart failure patient develop self care skills.

### June 8, 2010

11 a.m. - 12 p.m. MT

“Helping the Heart Failure Patient Develop Self-Care Skills”

Sally Cudrik, RN, BSN, Memorial Health System

Please follow these instructions to join the event:

- 1) Click on or go to <https://ifmcevents.webex.com>
- 2) Locate your event
- 3) Click on the Join Now link to the right of the event or click on the name of the event
- 4) Enter your name and email address
- 5) Enter the Event Password: **HEART**
- 6) Click on Join
- 7) Dial the teleconference number. The number is **1-877-203-1003**. The access code is **53844781**.

If you have questions about series, please contact Marcy Cameron, [mcameron@coqio.sdps.org](mailto:mcameron@coqio.sdps.org), or at 303.695.3300, x3040.

### [Return to Top of Document](#)

## Up Next on WIHI

Coaching's the Thing for Primary Care Practice

Thursday, June 3, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

**Tom Nolan**, PhD, Statistician and Member, Associates in Process Improvement; Senior Fellow, Institute for Healthcare Improvement

**John M. Hogan**, President and CEO, Capital Health Plan

**Carol Beasley**, Director of Strategic Projects, Institute for Healthcare Improvement

**Laura K. Landy**, President and CEO, Fannie E. Rippel Foundation

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Hospital Projects Newsletter 05/26/2010 Page 9 of 11

What happens when health care leaders from different regions in the country get in the same room and talk about their efforts to redesign patient care? Among other things, there's often a sense of relief that, across state lines and political affiliations, there's a shared concern for improving people's health, improving their health care experiences, and lowering the costs of care. Washington may be able to bring about broad reforms for health care, but communities of all shapes and sizes are increasingly being looked to for the day-to-day solutions and innovations that will "bend the cost curve" and offer new, humane models for the future.

Fresh off a meeting in the nation's capital focused on building low-cost, high-quality health care regions in America, WIHI hosts a timely discussion about what 14 "Hospital Referral Regions" are starting to figure out about their quality data, their cost data, and the way forward. John Hogan is at the nexus of important changes taking place in Tallahassee, Florida; Tom Nolan, Carol Beasley, and Laura Landy are part of a group of national leaders (others include Don Berwick, Elliott Fisher, Atul Gawande, and Mark McClellan) who've been digging for the data and the ingenuity across the country that can be harnessed, shared, and turned into blueprints for change the nation so badly needs.

WIHI host Madge Kaplan can't think of any reason NOT to attend this next WIHI, so please join her and her guests for a promising, productive, and timely discussion about primary care. Could all the changes afoot help turn the tide on the shortage of primary care physicians? Let's talk about it on WIHI!

**There is no fee for participating in a WIHI program, but enrollment is required.**

<http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WIHI.htm?player=wmp>

[Return to Top of Document](#)

## Hospital Projects Calendar

In an effort to keep everyone informed of conference calls, webexes, and meetings, we have created a [color-coded calendar](#) and attached it to the newsletter email. This calendar will be included in each week's newsletter with a revised date so you will know when it has been updated.

## Contact Information

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Karen McGee, Patient Safety Interventionist  
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Sue Bethel, RN Review Coordinator  
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Lori McNeilley, Health Data Analyst  
303.695.3300, ex. 3019, [lmcneilley@coqio.sdps.org](mailto:lmcneilley@coqio.sdps.org)

[Return to Top of Document](#)

Medicare Appeals Helpline Phone Numbers:

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Please list both of CFMC's appeal phone numbers:  
**800-727-7086** and **303-695-3333** on the "Important Message"  
given to Medicare Beneficiaries