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Featured Items

Structural Measure Requirements for RHQDAPU FY2011 - Data Entry Required from July 1, 2010 to August 15, 2010

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?

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 no 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.

Further information and training is available at:

[QualityNet - Structural Measures/ Data Acknowledgement](#). If you have questions regarding these structural measures, please contact Sue Bethel at sbethel@coqio.sdps.org.

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New APU Requirement - Data Accuracy and Completeness Acknowledgement (DACA) Information for FY 2011 – Data Entry Required July 1st to August 15th, 2010

[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 to participate.

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.

Further information and training is available at:

[QualityNet - Structural Measures/ Data Acknowledgement](#)

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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RHQDAPU Provider Participation Report

CMS is pleased to announce the release of the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Provider Participation Report for calendar year 2010. (Calendar year 2009 has already been available) This report can be accessed via My QualityNet by selecting "Run" in the Reports task and then selecting the Annual Payment Update Reports category. **Please note** users must have the QIO Clinical Warehouse Feedback Reports role designated in order to access the report.

The RHQDAPU Provider Participation Report summarizes Medicare and non-Medicare cases and

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population and sampling counts accepted into the QIO Clinical Warehouse that may be utilized for the RHQDAPU initiative. The report displays information to assist Quality Improvement Organizations (QIOs) and participating providers in the tracking of RHQDAPU requirements, but **does not** guarantee a provider would qualify for the full annual payment update. QIOs will have the ability to select multiple providers when running the report. It is recommended that QIOs requesting multiple provider reports do so outside of normal business hours to expedite report processing time.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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June 2010 Hospital Compare Release Delay

The June 2010 release of Hospital Compare data for hospitals participating in the Hospital Quality Alliance (HQA) and/or the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program will occur later than previously announced. Notification will be provided as to when Hospital Compare will be updated.

If you have questions regarding this, please contact Sue Bethel at sbethel@coqio.sdps.org

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Inpatient Feedback and Submission Reports Known Issue

An issue has been identified on 6/26/2010 with the Inpatient Clinical Data Feedback and Submission Reports. This issue deals with all submission and feedback reports and currently would affect users with a vendor role. Vendors are able to sign into the reports, but due to the identified issue, vendors are unable to view their providers once logged into the report(s) and are unable to run them. CMS is currently working on the issue.

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APU Dashboard 1.3 Performance Issue

Due to the high volume of use and increased complexity of the data collated, the APU dashboard is unable to meet the current demand. Therefore, the link to the APU Dashboard is being temporarily disabled.

Users may continue to monitor their status with regard to the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program through the following QualityNet reports:

- Population and Sampling Submission - Population and Sampling Summary Report
- Measure Sets / Strata Submission - RHQDAPU Provider Participation Report

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- HCAHPS Survey Data Submission - HCAHPS Warehouse Provider Survey Summary Status Report
- Validation Sample Medical Records Submission - Hospital Data Validation Case Selection Report
- Validation Results - Hospital Data Validation Case Detail Report

Please be assured CMS is looking in this issue and will notify the community once it has been addressed. We apologize for the inconvenience and appreciate your patience while we work to resolve this performance issue.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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New Medical Devices Transmit Health Information to Reduce Doctor Visits for Patients with Heart Disease

On June 21, *The New York Times* reported on a new wave of smart implantable devices that could potentially transform the care of patients with heart disease. The devices, which are still in clinical trials, send signals about their functions directly to doctors and set off alarms if they are malfunctioning. The hope is that the devices will save lives, reduce medical expenses and push heart patients toward managing their symptoms much the way people with diabetes manage theirs. So far, studies show that patients whose doctors looked at the reported data survived five to 15 percent longer than patients whose doctors didn't see the data. One of the devices, Medtronic, helps patients spend less time in the hospital when they are admitted (3.3 days compared with 4.0 days), according to a study conducted by St. Thomas Heart at Baptist Hospital in Nashville. Read more: <http://tinyurl.com/2atoemf>.

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Projects Across the Nation Focus on Reducing Readmission Rates

On June 18, *The New York Times* reported on national care transitions projects that are gaining momentum in coaching patients to manage their discharge process and post-hospitalization care. For example, Piedmont Hospital in Atlanta has reduced 30-day readmissions for patients under 70 years old to 3.97 percent, down from 13.05 percent, using a program called Project Boost. Readmissions of older patients have fallen to 11.17 percent, from 15.90 percent. Also, the Centers for Medicare & Medicaid Services leads a care transitions project across 14 states and is currently developing a program to reward hospitals for lowering readmission rates. Dr. Matthew J. Schreiber, chief medical officer at Piedmont Hospital, outlines a number of ways the project empowers patients to take a more active role in their post-hospitalization care, including checking the prescription list issued by the doctor, compiling a discharge plan by outlining a precise diagnosis and contacting the patient's primary care physician to request required future appointments. In a related story, *The Boston Globe* reported on a number of pilot projects around the country proving that patient return rates can be decreased. Among those are: Dr. Brian Jack, MD, Project RED (for ReEngineered Discharge); Dr. Eric A. Coleman, M.D. and MPH, Care Transitions Program; and Dr. Mary D. Naylor, Ph.D. and RN,

working with nurses to prevent readmissions. The Medicare Payment Advisory Commission (MedPAC) states that three-quarters of readmissions could be avoided with better care. Read more: <http://tinyurl.com/32ueoay> or: <http://tinyurl.com/2cnyn8f>.

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HCAHPS deadline July 14, 2010

CMS would like to remind hospitals participating in the HCAHPS hospital patient perspectives of care survey that the data submission deadline for 1Q10 (January-March) discharges is **July 14, 2010**. This is a requirement for all RHQDAPU hospitals.

CMS strongly encourages all hospitals, whether they self-administer the HCAHPS survey or use a survey vendor, to submit their data at least two days prior to the deadline in order to allow time to address any submission issues, should they occur.

Hospitals participating in the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program must collect and submit HCAHPS data.

Background

The national implementation of HCAHPS (also known as the CAHPS® Hospital Survey), a Hospital Quality Alliance (HQA)-endorsed measure, began on October 1, 2006. Beginning in July 2007, all IPPS hospitals must continuously collect and submit HCAHPS data in order to qualify to receive their full Annual Payment Update (APU).

To communicate with CMS staff about HCAHPS, please send an email to Hospitalcahps@cms.hhs.gov. For specific questions that individual hospitals may have about HCAHPS or for technical assistance, QIOs should refer hospitals to the HCAHPS Project Team, via email at hcahps@azqio.sdps.org or call (888) 884-4007. If you have additional questions regarding this SDPS memorandum, please contact the QualityNet Help Desk at qnet-support@sdps.org.

Detailed information on the HCAHPS initiative, file specifications and data submission protocols can be found on the official HCAHPS website, HCAHPS OnLine, <http://www.hcahponline.org>.

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APU Dashboard and Hospital Data Validation Case Selection Report - 4Q09 Validation Display – previously reported

CMS has passed on the following information regarding the Hospital Inpatient Data Validation for 4Q09 in relation to the APU Dashboard display of 'Validation Sample Medical Records Received' and the Hospital Data Validation Case Selection Report for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) hospitals.

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RHQDAPU hospitals will not have records requested from the CDAC for validation of 4Q09. However, the 4Q09 APU Dashboard display for the APU Element 'Validation Sample Medical Records Received' is red, 'Not Satisfied'. This is in error. The display of this APU Element will not be corrected until an early summer release of the APU Dashboard. Following the next release the status will display as 'Not Applicable'.

In addition, the Hospital Data Validation Case Selection Report, when run by hospitals that did not have cases requested for 4Q09 validation, including RHQDAPU hospitals, is displaying a message indicating that "No medical records were selected for validation due to less than (<) 6 cases being accepted into the QIO Clinical Warehouse for the quarter." This message is inaccurately displaying due to hospitals not selected for 4Q09 Validation. This will be corrected in an upcoming release of the Case Selection report.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have questions.

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Improving the Quality of Health Care for Medicare Beneficiaries – previously reported

Mary was admitted to ICU today following a massive stroke. You remember her and recall that last week she was admitted for a scheduled procedure. You also recall that she was very much looking forward to attending her granddaughter's wedding this week.

Prior to the procedure, Mary was on multiple medications for blood pressure control. It was necessary for Mary's maintenance medications to be held during the brief inpatient stay following her procedure. Her family reported that Mary did not restart her blood pressure medications when she was discharged following her procedure last week because the medication instructions given to her at discharge did not include resuming the medications she was taking prior to the scheduled procedure.

The patient described here is factitious, nonetheless, a failure or breakdown of the medication reconciliation process is often identified as one of the underlying or root causes for a patient's failure to resume prior home medications following discharge. **See the [attached article](#) to learn more about how one health care facility worked to improve quality of patient care by improving the medication reconciliation process.**

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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. 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.

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Comprehensive Heart Failure Care: From Hospital to Home WebEx Series

We are pleased to announce that the recordings from the Comprehensive Heart Failure Care: From Hospital to Home WebEx series that were presented March – June are now posted on our website. The series covered 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.

To access the recordings, please go to: http://www.cfmc.org/hospital/hospital_hf.htm and scroll down to “WebExes.”

For the remainder of the summer, the Heart Failure WebExes will be suspended. Please monitor this newsletter to receive updates on when they resume.

If you have questions about series, please contact Marcy Cameron, mcameron@coqio.sdps.org, or by phone: 303.695.3300, x3040.

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Up Next on WIHI

Unprofessional Behavior Not Permitted Here

Thursday, July 1, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Barry Silbaugh, MD, MS, FACPE, CEO, American College of Physician Executives

Kevin Stewart, FRCP, Medical Director Winchester and Eastleigh NHS Trust; Health Foundation Fellow, IHI

Charlotte Guglielmi, RN, CNOR, Perioperative Nurse Specialist, BIDMC; President, Association of periOperative Registered Nurses

Gerald B. Healy, MD, Emeritus Healy Chair in Otolaryngology, Children’s Hospital (Boston); Senior Fellow, IHI

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Ron Wyatt, MD, MHA, General Internist, Huntsville Hospital (Alabama); Merck Fellow, IHI

Over the years, the positions held by doctors in health care organizations have unfortunately empowered some to behave unprofessionally towards other staff and practitioners, especially nurses. Giving a pass to belligerent or temperamental clinicians, even while many of those affected quietly seethe, has been tolerated in part because of the pecking order in medicine, and in part as a nod to the organization's sources of revenue.

Well, the times are a changing...and not just because hospitals are worried about their reputation or retaining staff. Those in a position to confront a culture that's permitted outbursts and intimidation now consider such behavior a contributor to medical errors, and a major disruption to the teamwork and robust communication that's so critical to patient safety and quality improvement today. It's a start. And nurses with a penchant for coming down hard on other, less senior RNs, or giving new interns and residents a hard time, are also being called out.

WIHI host Madge Kaplan has gathered up an expert panel to parse out these complicated and controversial issues, get a handle on what regulators have to say about unprofessional conduct, and learn about a new determination among professional societies and hospitals to face up to behavior that truly has no place in a safe, high performing organization. Our guests have stories to share and most importantly, are tracking the solutions and policies that show the most promise. There's word that that newer generations of health professionals are more willing to stand up to inappropriate behavior of colleagues and superiors alike. That's the right spirit... now we need the systems to back this up. Join WIHI on July 1.

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>

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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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Marcy Cameron, Patient Safety Project Coordinator
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Medicare Appeals Helpline Phone Numbers:

Please list both of CFMC's appeal phone numbers:

800-727-7086 and **303-695-3333** on the "Important Message"
given to Medicare Beneficiaries