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Featured Items

APU Dashboard Continued Unavailability

CMS would like to inform hospitals of the continued unavailability of the APU Dashboard to Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) eligible providers for an extended period of time.

Until the APU Dashboard is made available again, CMS continues to encourage users 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
- 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

CMS continues to work to resolve the performance issues associated with the APU Dashboard and will notify the community once it has been addressed.

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

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800 Hospitals Selected for FY2012 Validation

CMS has announced that 800 RHQDAPU providers have been selected for FY2012 chart validation. This includes 10 hospitals in Colorado.

Due to changes in the IPPS Final Rule published August 2009, the validation of inpatient data will change beginning with 1Q10 discharges.

- Prior to 1Q10 discharges: All hospitals with 6 or more cases in the warehouse had 5 cases selected for validation. This included RHQDAPU and non-RHQDAPU hospitals.
- Beginning 1Q10 discharges: The requirement changed to a random selection of 800 RHQDAPU hospitals being identified for validation with up to 12 cases validated per quarter. Hospitals not selected will not have cases validated. The hospital selection is totally random and is not linked to hospital quality or performance. The CMS communication plan related to this requirement is as follows:
 - A memo and email has been sent to all hospitals and vendors explaining the FY2012 validation requirement change, 800 hospital selection process and notification process.
 - An email notification has been sent to the 800 selected hospitals.
 - A news article has been posted on QualityNet explaining the FY2012 validation requirement change, 800 hospital selection process and notification process.
 - A list of the 800 selected hospitals will be posted on QualityNet one (1) week after the provider notification email is distributed.

The Medical Records point of contact for the 800 selected providers will be notified by email (HRPQIOSC@iaqio.sdps.org) that they will be receiving validation record requests from the CDAC for FY2012 validation. The requests will be sent by the CDAC in August 2010 for 1Q10 records, November 2010 for 2Q10 records and February 2011 for 3Q10 records. It is required that copies of the requested records be received by the CDAC for re-abstraction no more than 45 days following the date of the request.

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

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CMS Announces Final Meaningful Use Rules for Health Information Technology

On July 13, a number of publications reported on the Centers for Medicare & Medicaid Services (CMS) issuing final rules for meaningful use of health information technology. CMS discarded its original all-or-nothing approach to offering incentives for Electronic Health Record (EHR) adoption and opted for flexibility. The final rule was shaped by more than 2,000 comments from the public since the initial posting in January. One of the major changes reflected in the final rule requires providers to meet core objectives, such as electronic prescribing, providing patients an electronic copy of their health information and maintaining an active medication list. Physicians must meet 15 core requirements and hospitals must meet 14. According to David Blumenthal, M.D., the national health IT coordinator who worked closely with CMS to define meaningful use, CMS aimed to make the objectives ambitious, but achievable. The final rule gives health care providers certainty about the steps they must take to qualify for Medicare and Medicaid incentives under the Health Information Technology for Economic and Clinical Health Act. The U.S. Department of Health and Human Services said the incentives could amount to \$27 billion over 10 years. Read more: <http://tinyurl.com/32x22ur> or <http://tinyurl.com/266y7hr>. Read the press release: <http://tinyurl.com/2518ngn>. Read the fact sheets: <http://tinyurl.com/2eegepd>.

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New Data Finds Limited Progress in Preventing Central Line Infection

On July 14, *HealthLeaders Media* reported on an Association for Professionals in Infection Control and Epidemiology (APIC) survey that examined more than 2,000 health providers. The survey was designed to uncover barriers to the prevention of health care-associated infections (HAI). Findings show one in five providers believe their institutions have insufficient infrastructure to train staff in infection prevention strategies. The survey also indicates only three in 10 hospital administrations are willing to spend what is necessary to prevent catheter-related bloodstream infections (CRBIs). According to Cathryn Murphy, APIC president, HAIs are nearly 100 percent preventable with clear, actionable steps. CRBIs are an increasing concern in the health care community with about 80,000 incidents occurring each year in hospitals, 30,000 of which result in death. In addition, CRBIs cost about \$30,000 per infected patient and more than \$2 billion annually. Read more: <http://tinyurl.com/2urxyjj>.

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Meaningful Use Incentive Program and Standards for Health Information Technology Adoption in Final Stages of Approval – previously reported

On July 6, *HealthDataManagement* reported that the Centers for Medicare & Medicaid Services (CMS) sent final rules to establish the meaningful use incentive program. CMS also sent data standards and Electronic Health Record (EHR) certification criteria to the Office of Management and Budget (OMB) for review and approval. The request for OMB approval is the final step before the rules are published on the Federal Register. According to a CMS spokesperson, because the rules are in the clearance stage CMS cannot firmly say when they will be available. Read more: <http://tinyurl.com/32u6owr>.

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1Q10 Inpatient Population and Sampling Deadline August 1, 2010 – previously reported

Population and Sampling Reporting is required for RHQDAPU. As CAH hospitals do not participate in RHQDAPU, Population and Sampling is not required for them, but CMS encourages all hospitals to submit Population and Sampling data. Detailed guidelines can be obtained within Section 4: Population and Sampling Specifications and Section 9: National Hospital Quality Data Transmission Section of the Specification Manual. The documents are located at QualityNet (<http://www.qualitynet.org>), found under the Hospital Inpatient tab, by selecting Specifications Manual.

Measure Designation selection must be completed prior to the submission of 1Q10 data to the QIO Clinical Warehouse, due to the inability to update Measure Designation after cases have been successfully accepted for the SCIP measure set. The deadline for submitting the Population and Sampling is 15 days prior to clinical data submission deadline. For 1Q10, the Population and Sampling submission deadline is August 1, 2010. Providers should check their Potential Duplicate Record report available in the Clinical Warehouse Feedback report section of MyQualityNet to be sure they have not duplicated abstractions which would cause problems with their numbers matching.

Population and Sampling must be completed even if your hospital is not going to submit data because of the “5 or fewer” rule that began with 1Q09.

Training is available at www.qualitynet.org under Inpatient/Training. If you have further questions, please contact Sue Bethel @ sbethel@coqio.sdps.org.

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Hospital Compare Upcoming Inpatient Preview Information – previously reported

CMS would like to notify all providers of the upcoming inpatient preview period for the Hospital Quality Alliance (HQA) and Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiatives.

The September 2010 Hospital Compare preview period is scheduled for **July 12, 2010 through August 10, 2010**. When available, preview reports can be accessed in the Reports section of My QualityNet by selecting the HQA Preview Reports category.

Important Pledge and Suppression Information

Reporting of measures is in accordance with a hospital's pledge status. Hospitals may enroll in the HQA and/or RHQDAPU initiatives at any time. However, hospital pledges must be received by the QIO on or before the last day of the preview period.

To withhold (suppress) publication of data, a hospital must contact Sue Bethel at sbethel@coqio.sdps.org with the request to withhold data and transmit a completed HQA Request for Withholding Data From Public Reporting form on or before the last day of the preview period. See [attached document for suppression rules](#).

Pledge status and/or measure suppression changes entered in PRS during the preview period will be reflected in the preview report after completion of an overnight process, unless the data was entered on the last day of the preview period.

The attached overview documents ([HC Release Overview](#) and [INPT Sept2010 Help Doc](#)) are provided for your reference. If you have questions or concerns regarding this email, please contact Sue Bethel at sbethel@coqio.sdps.org.

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HQA and RHQDAPU Hospital Compare Released July 7, 2010 – previously reported

The recent release of Hospital Compare updates the existing quality of care data for hospitals participating in the Hospital Quality Alliance (HQA) and/or the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program.

Hospital Compare was updated to reflect:

- Children's Asthma Care Measures - rates for CAC-1, CAC-2 and CAC-3 are based on hospital discharges from fourth quarter 2008 through third quarter 2009
- Clinical Process Measures - rates based on hospital discharges from fourth quarter 2008 through third quarter 2009 accepted into the QIO Clinical Data Warehouse. Data reported for SCIP-Card-2 includes only first, second and third quarter 2009 discharges
- 30-Day Risk-Standardized Mortality and Readmission Measures - rates based on three years of administrative data from hospitalized, fee-for-service Medicare beneficiaries discharged from third quarter 2006 through second quarter 2009. Data has been updated for the June Hospital Compare release

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- HCAHPS Patient Survey Measure - rates based on hospital discharges from fourth quarter 2008 through third quarter 2009
- Medicare Payment and Volume - data based on hospital discharges from fiscal year 2008 (fourth quarter 2007 through third quarter 2008). Data is updated annually with the September Hospital Compare release
- Structural Measure - *Participation in a Systematic Database for Cardiac Surgery*, based on participation during 1Q09 and 2Q09. Data is updated annually with the December Hospital Compare release.

Hospitals enrolled in the HQA initiative that have chosen to suppress the public reporting of their Clinical Process Measures, 30-Day Risk-Standardized Mortality and 30-Day Risk-Standardized Readmission Measures and HCAHPS Measure for this reporting period will have only their name, address and other additional characteristics along with an explanatory footnote displayed in the appropriate section of the Hospital Compare website. At this time, information on the accreditation status for each hospital has been removed from the website.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions. Questions regarding Children's Asthma Care Measures should be directed to The Joint Commission at <http://manual.jointcommission.org/>.

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

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.

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 – previously reported

[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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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

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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

The Power to Detect and Reduce Harm: IHI’s Global Trigger Tool and Adverse Events in the US

Thursday, September 9, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Lee Adler, DO, Vice President for Quality, Safety, Innovation, and Research, Florida Hospital

Ruth Ann Dorrill, MPA, Team Leader, Office of Inspector General, U.S. Department of Health and Human Services

Donald Goldmann, MD, Senior Vice President, Institute for Healthcare Improvement

Fran Griffin, Director, Institute for Healthcare Improvement

How often are patients harmed in US hospitals and what is the best way or ways to determine this? Ever since the Institute of Medicine estimated that up to 98,000 patients die in hospitals each year due to medical errors, and some subsequent studies that claim the number is much higher, getting a more precise “national” handle on where and when and how frequently harm occurs has bedeviled most researchers. And, without a baseline, it’s been impossible to state with any certainty whether patients are any safer today in US hospitals than they were ten years ago, when the IOM issued its seminal report.

This is the backdrop for a groundbreaking series of studies that the Office of Inspector General (OIG) at the Department of Health and Human Services has been undertaking since 2008. WIHI is pleased to offer a window into the work and its significance for patient safety on our first program in September after a brief summer break.

Focused on harm occurring to hospitalized Medicare recipients, the OIG, with three reports (two already issued and one due out in September), is hoping to provide a first of its kind national incidence rate for adverse events, along with an analysis of the effectiveness of several methods for detecting harm.

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IHI's Global Trigger Tool is designed to facilitate a retrospective review of medical records to identify adverse events. Using the Trigger Tool in a modified form and combining it with physician review, the OIG found it to be a powerful means of determining when an adverse event has occurred. WIHI invites you to learn how the OIG reached this conclusion and to discuss with the guests what significance all the findings have for better identifying and accelerating efforts to reduce harm.

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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Jean King, Manager of Review Services
303.784.5727 or jking@coqio.sdps.org

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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