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**Featured Items**

**Public Reporting Deadline – Sunday, August 15, 2010**

Colorado Foundation for Medical Care (CFMC) would like to take this opportunity to remind all hospitals participating in the Hospital Quality Alliance (HQA) and RHQDAPU that 1st Quarter 2010 (January, February, March) discharge data is due in the clinical warehouse by 11:59 p.m. EST on Sunday, August 15, 2010.

CFMC is available to answer questions during regular business hours Monday through Friday 8:00 a.m. - 4:30 p.m. Please note that CFMC is closed on weekends and will not be available to assist you

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on the weekend. If you have any questions or would like to know more about how to transmit data into MyQualityNet please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org), 303-695-3300, ext. 3330 or Jean King [jking@coqio.sdps.org](mailto:jking@coqio.sdps.org), 303-695-3300, ext. 3098

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## **Reducing Healthcare-Associated Infections Becoming a Bigger Priority Among Agencies**

On July 15, *HealthLeaders Media* reported progress on making the reduction of healthcare-associated infections (HAIs) a top priority for health care providers. Beginning October 2014, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare website will report hospital rates for several infections covered by Medicare. The Department of Health and Human Services (DHHS) also moved forward with a five-year action plan to reduce HAIs. In May, the Centers for Disease Control and Prevention released a first-ever report showing U.S. health care facilities reduced the rate of central line associated bloodstream infection by 18 percent. Read more: <http://tinyurl.com/28q32eb>.

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## **Hospitals Nationwide Reduce Readmission Rates with Patient Coaching and High-Tech Applications**

On July 21, *U.S. News & World Report* profiled hospitals throughout the country taking various approaches to reduce readmission rates, some of which are part of the Centers for Medicare & Medicaid Services' Care Transitions project. While the new Medicare penalties will not take effect until October 2012, hospitals have some experience with such a system. Medicare currently does not pay for a readmission on the same day as a discharge, unless it is for an unrelated reason. But the new law goes much further, directing Medicare to recover payments made for unnecessary readmissions within 30 days of discharge after a stay for three conditions: heart attack, pneumonia and heart failure. Last summer, the agency began publishing rates for the three conditions on its "hospital compare" website. The latest data show, for example, that Florida Hospital in Orlando has a rate of 23 percent for heart attack patients, compared to a much-better-than-average 15.9 percent at Sarasota Memorial Hospital. While Florida Hospital and Trinity Regional both say they are addressing their rates, they note the particular challenges of serving elderly populations. CMS generally counts all readmissions for any reason. If someone discharged after treatment for heart failure falls, breaks a hip, and is back two weeks later, the hospital takes a hit. That makes sense, argues Harlan Krumholz, director of the Center for Outcomes Research and Evaluation at Yale-New Haven Hospital, which worked with CMS to develop comparative hospital quality measures. Counting only rehospitalizations for the same condition might encourage institutions to game the system by selecting condition codes for the readmissions to avoid a penalty. And hospitalizations that do not appear related actually may be. Heart failure patients are vulnerable to a whole range of risks, Krumholz says. "Was that fall preventable? Were they too weak and not ready to go home? Were they given too much blood pressure medication, so they became dizzy and fainted?" Read more: <http://tinyurl.com/2fosu87>.

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### **APU Dashboard Continued Unavailability – previously reported**

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](mailto:sbethel@coqio.sdps.org) if you have questions.

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### **800 Hospitals Selected for FY2012 Validation – previously reported**

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:

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- 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](mailto: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](mailto:sbethel@coqio.sdps.org) if you have any questions.

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### **CMS Announces Final Meaningful Use Rules for Health Information Technology – previously reported**

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 – previously reported**

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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## **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](mailto: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.

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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](mailto:sbethel@coqio.sdps.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](mailto: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 1<sup>st</sup> to August 15<sup>th</sup>, 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](mailto: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](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).

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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](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](mailto: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.

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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Karen McGee, Patient Safety Interventionist  
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Marcy Cameron, Patient Safety Project Coordinator  
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Sue Bethel, RN Review Coordinator  
303-695-3300 x 3330 or [SBethel@coqio.sdps.org](mailto:SBethel@coqio.sdps.org)

Lori McNeilley, Health Data Analyst  
303.695.3300, ex. 3019, [lmcneilley@coqio.sdps.org](mailto:lmcneilley@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