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Featured Items

4Q08 Inpatient Population and Sampling Deadline May 1, 2009

Effective with 1Q08 discharges, Population and Sampling Reporting is required for RHQDAPU. 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 at http://www.qualitynet.org. Look under the Hospital Inpatient tab, by selecting Specifications Manual, and then version 2.5b in the Data Collection Time Period table.

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Measure Designation selection must be completed prior to the submission of 4Q08 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 4Q2008, the Population and Sampling submission deadline is May 1, 2009.

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## **Release of Specifications Manual 3.0 for Collection of Hospital Inpatient Quality Measures**

The CMS/Joint Commission Specifications Manual for National Hospital Inpatient Quality Measures, version 3.0, for implementation with acute inpatient discharges beginning October 1, 2009 through March 31, 2010 has been released. This updated version can be found on QualityNet <http://www.qualitynet> by selecting Specifications Manual under the Hospital Inpatient tab and then version 3.0 in the Data Collection Time Period table. Options are available to download the entire manual, the release notes or view specific sections. The updated version is also available through The Joint Commission website at: <http://www.jointcommission.org>.

Changes made were based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission are outlined in the Release Notes. Several changes to highlight include:

- Addition of three new process measure sets: Venous Thromboembolism, Stroke and Emergency Department
- Deletion of a SCIP measure: SCIP-Inf-7
- Addition of two new SCIP measures: SCIP-Inf-9 and SCIP-Inf-10
- Addition of one new outcome (claims based) measure set: 30 day Risk Standardized Readmission Measures

Please review the Release Notes 3.0 for a complete list of Specifications Manual changes.

Hospitals are responsible for following and understanding the written guidelines for medical record abstraction, data submission and validation. They are critical in order to be compliant with the Hospital Public Reporting and Reporting Hospital Quality Data Annual Payment Update RHQDAPU program initiatives.

Please review the list of current required RHQDAPU measures on QualityNet at <http://www.qualitynet.org> by selecting Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) under the Hospital Inpatient tab and then selecting Measure Comparison. CMS plans to release the proposed list of RHQDAPU measures to be used for Fiscal Year 2011 payment determination later in April 2009 in the Federal Register Inpatient Prospective Payment System (IPPS) FY 2010 proposed rule. Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

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## **Hospital Data Validation Inclusion Document Revised**

A revised Hospital Data Validation Inclusion document has been posted to reflect the change to the SCIP Data Validation Inclusion document for Discharges 10/1/2008 through 03/31/2009. You may find the revised document at <http://www.qualitynet.org> by selecting Data Validation under the Hospital Inpatient tab. The change to highlight includes the Validation for SCIP-Card-2: This measure is not validated.

Please refer to the document for revisions that were made. Hospitals are responsible for following and understanding the written guidelines for medical record abstraction, data submission and validation adherence to these guidelines is critical in order to be compliant with the Hospital Public Reporting and Reporting Hospital Quality Data Annual Payment Update (RHQDAPU) program initiatives. Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

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## **QUEST February 09 Data Element**

Attached is a document entitled “[QUEST Feb 09 DataElement](#)” which lists the most common questions that are being asked of QUEST and also lists those questions which have had revisions to their original answers. Abstractors are responsible for knowing about these revisions. QNet QUEST can be found at [www.qnetquest.org](http://www.qnetquest.org) and abstractors are encouraged to use current answers found there to help them with questions while abstracting. If you have any questions on how to use QUEST, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org).

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## **HQA and RHQDAPU Data to be Released on Hospital Compare – previously reported**

The March 2009 release of Hospital Compare will update the existing quality of care data for providers participating in the Hospital Quality Alliance (HQA) and/or the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. For public reporting purposes AMI-6, Beta-Blocker at Arrival, is no longer reported on Hospital Compare effective January 15, 2009. However, AMI-6 must be submitted to the QIO Clinical Data Warehouse to meet RHQDAPU requirements for discharges through first quarter 2009. Hospital Compare will be updated to reflect:

- Children’s Asthma Care Measures - rates based on hospital discharges from third quarter 2007 through second quarter 2008 submitted to The Joint Commission.
- Clinical Process Measures - rates based on hospital discharge data from third quarter 2007 through second quarter 2008 accepted into the QIO Clinical Data Warehouse.
- 30-Day Risk-Standardized Mortality Measures - rates based on administrative data from hospitalized, fee-for-service Medicare beneficiaries discharged from third quarter 2006 through second quarter 2007.

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- HCAHPS Patient Survey Measures - rates based on hospital discharges from third quarter 2007 through second quarter 2008.
- Medicare Payment and Volume data - data based on hospital discharges from fiscal year 2007 (fourth quarter 2006 through third quarter 2007).

HQA-pledged hospitals that have chosen to suppress the public reporting of their Clinical Process Measures, 30-Day Risk-Standardized Mortality Measures and HCAHPS Measures for this reporting period will have only their name, address, phone number and several 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.

**Note:** The March 2009 Hospital Compare release is the first in which RHQDAPU-pledged hospitals are required to publicly report their HCAHPS results. Please submit questions regarding this to Sue Bethel @ [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org). Questions regarding Children's Asthma Care Measures should be directed to The Joint Commission at <http://manual.jointcommission.org>.

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#### **CART-Inpatient Version 4.6 Release – previously reported**

CMS is pleased to announce that CART-Inpatient 4.6 has been released and is available on the QualityNet Web site, <http://www.qualitynet.org>. In continuing support of the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission alignment effort, this release contains modifications to support versions 2.6, 2.6a, and 2.6b of The Specifications Manual for National Hospital Quality Measures. This is a mandatory release for abstractions with a discharge date between April 1, 2009 and September 30, 2009.

CART – Inpatient 4.6 required some significant changes to the application platform. Therefore CART-Inpatient 4.6 is not backwards compatible with previous time periods. This will require two installations of CART to be maintained. CART-Inpatient 4.6 starts with the April 1, 2009 discharge time period. An older version of CART must be maintained for previous discharge time periods.

Please refer to the installation instructions, Release Notes, User's Guide, Known Issues, and Edits document on [www.qualitynet.org](http://www.qualitynet.org), Hospital – Inpatient /Data Collection (& CART)/CART Downloads & Info for additional information. Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

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#### **CART Module Designer Version 1.2 Release – previously reported**

CMS is pleased to announce that CART Module Designer 1.2 has been released and is available on the QualityNet Web site, <http://www.qualitynet.org>. CART Module Designer provides CART users the ability to create their own measure sets to use for abstraction in CART, as well as add their own data collection questions to the existing CART measure sets (AMI, HF, PN, SCIP). Because of the significant changes to the application platform required for CART-Inpatient 4.6, significant changes

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were also made for CART Module Designer 1.2. CART Module Designer 1.2 is not backwards compatible with discharge time periods prior to April 1, 2009. If you have created your own measure sets, or have added questions to the core measure sets within a prior version of CART Module Designer, these will need to be re-created for use with the new QMS platform. An older version of CART Module Designer can be maintained for discharge time periods prior to April 1, 2009.

Please refer to the installation instructions, Release Notes, User's Guide and Edits document on [www.qualitynet.org](http://www.qualitynet.org) Hospital – Inpatient/Data Collection (& CART)/CART Module Designer for additional information. Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

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### **Revised Pneumonia Fact Sheet: Chest X-Ray – previously reported**

We are happy to announce the posting of a new [MedQIC Fact Sheet](#) regarding the Pneumonia data element Chest X-Ray, revised for 10/1/2008 discharges. The Fact Sheet is attached to this newsletter, or can be obtained at the following link:  
<https://www.qualitynet.org/dcs/ContentServer?c=OtherResource&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&cid=1228695674668>

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### **APU Notification System On Hold – previously reported**

Due to technical issues associated with the implementation of the APU Notification System, CMS will suspend further notifications until all known issues are resolved. An enhanced version of the system is planned in late August, 2009. The APU Notification System is designed to provide hospitals with information regarding their non-compliance status with one or more of the RHQDAPU Program requirements. Providers may utilize the APU Dashboard to obtain their status with the RHQDAPU Program and may also run their QualityNet reports. Please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have questions.

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### **Clinical Warehouse Update – previously reported**

CMS is pleased to announce the upcoming release of modifications to the Clinical Warehouse in support of the CMS and the Joint Commission alignment for the April 1, 2009 and forward discharges. This release is currently scheduled for Mid-April 2009.

**Important:** If cases are submitted for 2Q09 discharges before the release of the QIO Clinical Warehouse, they will be held and processed automatically, after the warehouse has been updated. These cases will not need to be resubmitted. Users who have cases processed following the release of the QIO Warehouse will receive an email notification when processing is complete. If cases are submitted for 2Q09 discharges before the release of the QIO Clinical Warehouse, the submitter will receive the following error message: "The Discharge Date indicates this case is a 2Q09 discharge. All

cases submitted with an April 1, 2009 and forward discharge date will not be processed into the warehouse at this time. Submitters will be notified at the time processing occurs.’

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### **Revision to Version 2.6b of the “Specifications Manual for National Hospital Inpatient Quality Measures” for discharges beginning April 1, 2009 – previously reported**

The Centers for Medicare & Medicaid Services (CMS) and The Joint Commission have identified the need for a revision to Version 2.6b of the “Specifications Manual for National Hospital Inpatient Quality Measures” for discharges beginning April 1, 2009. Specifically note **Appendix C - Table 2.1** (Antimicrobial Medications), Word Version. There is a change in the spelling under the Generic name column from “Nitrofurantion” to “Nitrofurantoin”. **Appendix A - Table 5.25** Word Version: Add code 37.31 which was inadvertently omitted. The MS Excel version of both Appendix A, Table 2.1 and Appendix C, Table 5.25 is correct and is not impacted.

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### **Data Element Changes for AMI and HF Measures – previously reported**

The [MedQIC Fact sheet](#) summarizing measure and data element changes in AMI and HF effective 4/1/09+ discharges has been updated to reflect the upcoming retirement of the Beta-Blocker at Arrival measure (AMI-6), effective 4/1/09+. This new update is attached to this newsletter.

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### **AHA Heart Failure Guideline Update – previously reported**

The following series of links provide the most up-to-date evidence to guide clinical practice and expanded direction for hospital care delivery in acute heart failure.

(<http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.109.192064>)

#### **Supporting Materials:**

**Editorial:** Heart Failure Guidelines: a Dynamic Document by John B. O’Connell, M.D., FAHA (<http://pt.wkhealth.com/pt/re/aha/commentarytoc.htm;jsessionid=JHZPSnl19MF4x1BhxxwZyQ8tqyyyn8B6nC7LnCQWgcGX8fH010kb>)

**-Slide Set:** Comparison of 2005 to 2009 Recommendations

(<http://www.americanheart.org/presenter.jhtml?identifier=3065436>)

**GWTG Webinar:** Join Dr. Clyde Yancy as he discusses the new guidelines April 16

(<https://gwtg.webex.com>)

**News Release** (<http://americanheart.mediaroom.com/index.php?s=43&item=699>)

#### **Visit the Congestive Heart Failure Community on the AHA Learning Library!**

(<http://www.ahalibrary.com/pt/re/chf;jsessionid=JLJBHXsbpbJRpjB8vd6sHkZHLQPrbrKqnJN4HmJcBZ24k21k9WTh>)

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**Circulation:** Heart Failure Journal online now! (<http://circheartfailure.ahajournals.org>)

The American Heart Association's Get With The Guidelines<sup>SM</sup>-Heart Failure program helps improve the quality of care of patients hospitalized with heart failure. For more information on GWTG, visit <http://www.americanheart.org/getwiththeguidelines>.

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## Get With The Guidelines

Get With The Guidelines (GWTG) hospital-based Quality Improvement Program focusing on Coronary Artery Disease (CAD) and Heart Failure (HF) has a program goal to improve the quality of cardiovascular care in Colorado. A grant supported by the State of Colorado has made it possible for a collaboration to be formed between the American Heart Association and the Colorado Foundation for Medical Care.

### Upcoming Get With The Guidelines Regional WebEx Schedule

#### April 14, 2009

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

“The Art and Science of Concurrent Chart Review: Finding Heart Failure Patients and Giving Appropriate Discharge Teaching”

Missy H. Jensen, MSN, FNP-C, North Colorado Medical Center, Greeley, CO

#### May 12, 2009

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

“Hospital Provisions in the 2009 Stimulus Bill”

Richard Delaney, JD, MPH, Colorado Foundation for Medical Care, Englewood, CO

#### June 9, 2009

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

“Overview of the ACC/AHA Heart Failure Guideline Update to be Released in March”

Mori Krantz, MD, Denver Health Medical Center and Colorado Prevention Center

**Note: all GWTG calls are from 11:00 AM - 12:00 PM (MT)**

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: GWTG
- 6) Click on Join
- 7) Call in to the teleconference number for the audio portion.

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

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## **5M Lives Campaign Information**

**April 16, 2009: Colorado 5M Event – See You There!**

Thank you to all who registered for the Colorado 5M Event. We look forward to seeing you all there!

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## **Using Evidence-Based Environmental Design to Enhance Safety and Quality – New IHI White Paper Available**

Increasing evidence indicates a correlation between the physical environment in which patients receive their care and the safety and quality of that care, as well as the patient's perception of that care. Similarly, there is a growing understanding of the connection between the environments in which people work and job satisfaction and stress.

The purpose of this paper is to show health care leaders how, as part of an integrated improvement strategy, evidence-based environmental design interventions can measurably enhance the care they provide, improve the perceptions of the experience of that care by patients, families, and staff, and actually have a positive economic impact on their organizations.

This paper aims to help bridge the gap between the worlds of safety and quality improvement and architectural and environmental design. The published literature in evidence-based environmental design, including references to two major reviews of that literature, is described.

A series of relatively low-cost recommendations are presented that virtually any healthcare organization should consider implementing. Recommendations that are best addressed as part of new facility construction or major renovation are also included. Examples of interventions for unit-specific microsystems are proposed, along with a facility checklist that any organization can use as a guide to determine whether its environment is actually helping or hindering care and the care experience.

A suggested framework for calculating the economic return on investment of an intervention or group of interventions is included, along with a discussion of how to balance initial, one-time capital expenditures with ongoing operating cost savings and revenue enhancement through market differentiation. You may view a copy of the white paper at:

<http://www.ihl.org/NR/rdonlyres/24F9B29D-67C2-47F7-BD36-4C08002A381E/0/IHIEvidenceBasedDesignWhitePaper2009.pdf>

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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 attach 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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