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#### Featured Items

##### 4Q08 Validation Charts due to CDAC by July 1, 2009

The Hospital Data Validation Case Selection report is now available on QualityNet for 4th Quarter 2008 discharges. This will list the five cases and inform you when the request went out and when the records are due to the CDAC; you can also use the report to see whether the CDAC has received the records. Once the CDAC receives the medical records, it will be indicated in the last column of the report. The report is accessible from the secured section of My QualityNet (formerly QNet Exchange) by selecting the Run link under the Reports category. The Case Selection report is located under the Hospital Validation Reports category. The QIO Clinical Warehouse Feedback Reports Role is required to access the report.

Chart requests for 4Q08 have been sent out to your Medical Records Department on June 1 2009. The deadline for submitting these CDAC requested medical records is July 1, 2009. If you submitted less than six charts for this quarter, you will not be asked to send any validation charts into CDAC.

Successfully passing data validation is now part of the requirements for Reporting Hospital Quality Data for the Annual Payment Update (RHQDAPU). The quarterly data validation process begins with the CMS Clinical Data Abstraction Center (CDAC) requesting five randomly selected medical records from the cases you or your vendor submitted to the QIO Clinical Warehouse for the latest quarter. If the CDAC does not receive the records or they are not delivered timely, your hospital will automatically fail validation for the quarter.

The QI and MR Departments need to work together to get complete copies made with all the accompanying educational material, printouts of any electronic info, etc. If the records are incomplete or illegible, your validation results can be at risk. There are no appeals for incomplete charts. It is recommended that the Quality Department check the records before sending them to CDAC. Please share the following helpful tips for submitting CDAC medical records with your MR Department.

**Identifying the Charts** - Your assistance may be needed to help the MR Department identify/locate the MRs, depending on what key identifiers your ORYX vendor submitted to the QIO Clinical Warehouse (this does not apply to CART users). In the majority of cases, vendors are now supplying relevant identifiers; however, it is possible that you may still need to look up cases in your vendor abstraction tool for the MR Department.

**Complete Documentation** - Remember to make sure the five requested records that are copied and sent to the CDAC include any documentation that was used for your original abstraction that is not routinely kept in the MR. This may include:

- ED records included with inpatient stay
- On-line documentation that needs to be printed and included
- Educational materials, booklets, pamphlets, etc. given to the patient must be included in each medical record sent. (The CDAC wants to see the educational material in the MR. Documentation that states "Patient received educational booklet" will not count).

Always be sure that the birth date, admission and discharge dates match the requested information. A common mistake is to send in information for the right patient, but the wrong stay. The CDAC (Buccaneer Data Services, LLC BDS) provides a pre-filled Fed-Ex mailing slip in their request packet. Make sure the five records go together in one mailing with their pre-filled slip. Splitting the five records into more than one mailing and/or sending in records without the pre-filled slip could cause delays and/or lost records.

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## **CDPHE releases MRSA Protocol For Long-term Care Facilities**

The Colorado Department of Public Health and Environment just released a protocol on the Recommendations for Prevention and Control of Methicillin-resistant Staphylococcus aureus in Long-

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term-care Facilities. The document can be obtained from the following link: <http://www.cdphe.state.co.us/hf/Protocols.htm>. The document provides guidance to the prevention and control of MRSA colonization and infection in Colorado long-term care facilities. The protocol was developed by the Colorado Medical Directors Association and the Colorado Department of Public Health and Environment to address the unique resident population in long-term care facilities; older residents with multiple medical problems and increased numbers of risk factors for infection with diminished immune systems and host defense problems. Although the recommendations are written for MRSA, the principles can also serve as a guide for other multidrug-resistant organisms (MDROs). Hospitals with close working relationships or shared physical plant with long-term care facilities should find the protocol useful. The protocol serves as a good reminder on infection control measures that are applicable to healthcare.

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**CFMC Pressure Ulcer Collaborative Learning Sessions, July 28<sup>th</sup> and July 30<sup>th</sup>**

CFMC would like to invite you to our next free Pressure Ulcer Collaborative Learning session! We will be hosting two all-day, in-person sessions in separate parts of the state (content will be repeated):

- Tuesday, 07/28/09 in Fort Collins, CO from 8:30 AM - 4:30 PM at the Fort Collins Hilton Hotel.
- Thursday, 07/30/09 in Montrose, CO from 8:30 AM - 4:30 PM at the Montrose Holiday Inn Express.

CFMC will be partnering with the Wyoming QIO and with individuals from American Medical Technologies (AMT) to talk with our group about Skin & Wound Considerations in Non-Caucasian Skin and Pressure Ulcer Prevention.

[Additional details and registration information](#) are attached. Please feel free to contact Laura Mankin, [lmankin@cfmc.org](mailto:lmankin@cfmc.org) with any questions.

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**Data Submission Check List for QualityNet Users – previously reported**

Attached to this newsletter is a document called “[Data Submission Check List for QualityNet Users](#)”. This checklist serves as a quick guide to important dates, submissions, reports and validation activities regarding your hospital’s submission of data to the QIO Clinical Warehouse. Please be sure to review it and be sure that you are aware of ways to ensure that your data is submitted in a timely manner. Rejected records that are not corrected and/or late data may disqualify a hospital from Annual Payment Updates. If you have questions, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org).

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**Don’t Lose Access to your “MyQualityNet” Account – previously reported**

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To minimize delays in accessing MyQualityNet and potentially missing important deadlines, all users should sign in to the secure section of the QualityNet website at least monthly to maintain “active” account status. Accounts are locked following 120 days of inactivity. Because the account reactivation process is a multi-step process that involves both the QualityNet security administrator and the QualityNet Help Desk, the time required could result in a needless delay for users attempting to access accounts for data submission or report retrieval. This is especially important as submission deadlines approach. Meeting these deadlines is critical to provider eligibility for the Annual Payment Update (APU).

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### **Quest Data Elements: Common Questions for March & April 2009 – previously reported**

Attached to this newsletter are two documents entitled “[QUEST March 09 Data Elements](#)“ and “[QUEST April 09 Data Elements](#)“. These list the most common questions that are being asked of QUEST and also list 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). If you have questions regarding QUEST, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org).

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### **Measuring Hand Hygiene Compliance: Overcoming the Challenges – previously reported**

In a intensive two-year collaboration, experts from major infection control leadership organizations in the US and abroad identified effective approaches for measuring adherence to hand hygiene guidelines in health care organizations. The monograph resulting from this work aims to broaden understanding of the issues and provides practical solutions to help organizations target their efforts.

Download the free monograph:

[http://www.jointcommission.org/PatientSafety/InfectionControl/hh\\_monograph.htm](http://www.jointcommission.org/PatientSafety/InfectionControl/hh_monograph.htm)

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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**

For the remainder of the summer, the GWTG webexes will be suspended. Please monitor this newsletter to receive updates on when they resume. If you have questions about GWTG calls, please

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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

**Updated Information: Final Progress Reports – Details in recent email from The Colorado Trust - previously reported**

Each 5M Grantee Hospital should have received an email from The Colorado Trust on May 26, 2009. The email detailed the requirements for your final reports to the trust, due on June 30, 2009. If you have questions about this, feel free to contact Kelley Strachan at [kstrachan@cfmc.org](mailto:kstrachan@cfmc.org).

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**NEJM Article: Achieving Health Care Reform – How Physicians Can Help – previously reported**

For those of you who missed the Commonwealth Fund webinar two weeks ago featuring, Elliott S. Fisher, M.D., M.P.H., Donald M. Berwick, M.D., M.P.P., and Karen Davis, Ph.D., you can now read a related article featured in the New England Journal of Medicine.

<http://content.nejm.org/cgi/content/full/NEJMp0903923?query=TOC>

If you would like to download the slides from the presentation or watch the webinar, please visit:

<http://www.commonwealthfund.org/Content/Resources/2009/Webinar-on-How-Physicians-Can-Help-Achieve-Health-Reform.aspx>

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## Up Next on WIHI – “The Alert Mind and Patient Safety” – June 18th

Join IHI on **Thursday, June 18, 2009, from 10-11am MT** for discussions featuring Doug Bonacum, VP Safety Management, Kaiser Permanente and Carol Haraden, IHI Vice President, Safer Patients Initiative (UK), and Quality Improvement Scotland.

It’s been ten years since the Institute of Medicine published its groundbreaking report, *To Err Is Human*. We haven’t made nearly enough progress this past decade to prevent medical errors. Yet the knowledge needed to build patient safety into all aspects of health care delivery, and to reduce harmful complications, has grown exponentially. “Risk resilience” and “mindfulness” are just two of the innovative concepts now shaping the strategies of enlightened health care organizations.

Join host Madge Kaplan for a lively discussion with two international experts known for making sense of the day-to-day pressures and hazards inherent in caring for patients in ever more complex environments. Doug Bonacum introduced SBAR (Situation, Background, Assessment, Recommendation)—a vital communication tool from his Navy days on a submarine—to the health care world. Carol Haraden has been teaching people on the frontlines of patient care how to harness the best evidence-based practices and make them the rule.

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

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For more information, please visit

<http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WIHI.htm>

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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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