



Hospital Projects Newsletter

June 24, 2009

Edition 86

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Featured Items

ALERT! New CMS RHQDAPU Requirement - Structural Measures Due August 15th, 2009

The purpose of this notification is to provide information for the Structural Measure requirement for Fiscal Year 2010 Reporting Hospital Quality Data for Annual Payment Update Program

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(RHQDAPU). The window of data entry will be July 1, 2009 through August 15, 2009. The application will allow hospitals and/or vendors to view and answer the measure question(s). However, vendors will be unable to upload their answers via an XML file. The measure question(s) will be available for all hospitals to answer; however, it will only be required for the RHQDAPU hospitals in order to meet this FY 2010 RHQDAPU requirement.

The following measure is required for FY 2010:

- Measure Name: Participation in a Systematic Database for Cardiac Surgery
- Measure Required for: RHQDAPU Eligible hospitals with an active RHQDAPU pledge.
- Measure Voluntary for: Non-RHQDAPU Eligible hospitals and/or RHQDAPU Eligible hospitals with a non-active or non-participating pledge.
- Training: Training on the use of this application will be posted on QualityNet>Hospital Inpatient>Training>Structural Measures by June 25, 2009.

Attached is the [Structural Measures Hospital Guide for Hospitals](#) for this requirement. Please notify Sue Bethel at sbethel@coqio.sdps.org, if you have any questions.

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CFMC Pressure Ulcer Collaborative Learning Sessions, July 28th and July 30th - previously reported

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 with any questions.

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4Q08 Validation Charts due to CDAC by July 1, 2009- previously reported

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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CMS Solicits Input Regarding Proposed Measurement Changes to Quality of Stroke Patient Care – previously reported

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The American Heart Association and American Stroke Association volunteer leadership request assistance in obtaining feedback for CMS's recently released fiscal year 2010 Medicare Inpatient Prospective Payment System (IPPS) Proposed Rule. The proposed rule describes CMS' future plans for payment, quality measurement and a variety of other important issues related to inpatient hospital care. In particular, the proposed rule includes several changes designed to promote quality of care for individuals with stroke. Please see the attached document for [details on how you can impact these proposed changes](#). Details about how to submit comments to CMS are included in the attachment.

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QualityNet Change of Address – previously reported

Effective June 11, 2009, the e-mail address for the QualityNet Help Desk changed from qnetsupport@ifmc.sdps.org to qnetsupport@sdps.org. E-mails sent to the old e-mail address will be redirected to the new address.

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New My QualityNet Exchange Functionality and Training – previously reported

CMS is pleased to announce the upcoming release of a new version of Secure File Exchange and Search. File Exchange processes have been enhanced to address user referrals, as well as enhance security (reduce routing errors) and accessibility (508 compliance). The following are highlights of this release:

- Inbox Notifications per optional E-mail (Notification Preferences) and on-screen display
- Viewable Subject and Message text
- Self management of the size of your message box
- Removal of automatic Archiving; previously archived files will no longer be available
- Ability to Forward, Delete, Retract Messages
- Pagination
- Enhanced Recipient Selection options
- Notify Date option
- Search capability

The default File Exchange Notification Preference setting is “Never”, therefore no notifications will be sent upon receipt of Inbox files. All users are strongly encouraged to sign into Secure File Exchange upon its release, select File Exchange Notification Preferences and make a notification preference selection.

Training - The recorded Web-Ex “Send and Receive Files” has been updated. The recording is available on QualityNet.org under Training/QualityNet Training. Because there are changes to the sequence of uploading files, all users are encouraged to view the training prior to the release of Exchange on June 19. File Exchange Help will be available within the application and in the

QualityNet User's Guide. Please find the attached file labeled "[SendRecvFiles_transcript061209](#)" which is a transcript of the new training. The training takes about one-half hour.

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HCAHPS Data Submission Deadline Approaching – previously reported

July 8, 2009 is the data submission deadline for patients discharged in January, February and March 2009. March 2009 Dry Run data also must be submitted by this date. **Please Note:** Make sure to allow adequate time to submit data in case resubmissions are necessary. A successful submission to My QualityNet is defined as a file that has been accepted by My QualityNet, as indicated on the Data Submission Report.

After you have uploaded your files, you should receive an email confirmation within twenty-four hours with a batch number indicating that your batch has been processed. If you do not receive this email, please contact the QualityNet Help Desk at qnet-support@ifmc.sdps.org, or by telephone at 866.288.8912. In addition, be sure to check the HCAHPS Submission Reports if your hospital uploaded data, or the HCAHPS Feedback Reports if your hospital has contracted with an approved survey vendor for HCAHPS data submission. These reports are available on the My QualityNet Web site.

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Statements By HHS Secretary Kathleen Sebelius and DHS Secretary Janet Napolitano on WHO Decision To Declare Novel H1n1 Virus Outbreak a Pandemic – previously reported

U.S. Department of Health and Human Services Secretary Kathleen Sebelius and U.S. Department of Homeland Security Secretary Janet Napolitano issued the following statements today in response to the World Health Organization's (WHO) decision to raise the pandemic threat level on the novel H1N1 virus.

"Today's decision by the WHO was expected and doesn't change what we have been doing here in the United States to prepare for and respond to this public health challenge. Once we saw how fast this virus was spreading, we activated our pandemic plans and started doing all the things we needed to do to keep the public as safe and secure as possible," said Secretary Sebelius. "What this declaration does do is remind the world that flu viruses like H1N1 need to be taken seriously. Although we have not seen large numbers of severe cases in this country so far, things could possibly be very different in the fall, especially if things change in the Southern Hemisphere, and we need to start preparing now in order to be ready for a possible H1N1 immunization campaign starting in late September."

"We responded to the H1N1 outbreak from the outset with the presumption that a pandemic was likely, so this decision comes as no surprise. We acted aggressively to stay ahead of the virus as it spread across the country. Now our challenge is to prepare for a possible return in the fall," said Secretary Napolitano. "The Obama Administration has been working together across the government and will continue to do so over the weeks and months ahead to keep the American people safe. We are

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reaching out to our partners in state and local government, in school districts and the private sector to urge them to modify and update their pandemic plans. We are working with our scientists to test and prepare a possible vaccine. And we are working with governments around the world to share what we know and learn from what is happening in their countries.”

Attached to this newsletter are two documents for [CDC talking points](#) and [FAQs](#) related to the above statements.

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Colorado Public Health Act of 2008 Assures Quality Public Health Services Availability to All Coloradoans – previously reported

The implementation of the Public Health Act of 2008 is going strong, as each day brings new learning, challenges and clarifications on what it means to Colorado’s public health system. The primary purpose of the Act is to assure that public health services are available to every person in Colorado with a consistent standard of quality. As we go forth, it is helpful to keep in mind that this will only work if we collaborate in the development of core services, standards, minimal qualifications of the public health director, and the statewide public health improvement plan. Partners will continue to have the opportunity to participate through many venues to guide the development of practical policies that will improve public health delivery. The following is information on local public health agencies, minimum qualifications rulemaking decision, and the critical input meeting schedule.

Local Public Health Agencies

Possibly the most significant change is the movement to transition the 39 nursing services into something more akin to the organized health departments we have throughout the state in both urban and rural counties. While this transition will take years, the first step required by the Act has been for counties to formally establish a local public health agency by July 1, 2009. This key step was fast-tracked due to the contracting process at CDPHE. All the counties have notified us of name changes and over 50 counties have already submitted their signed resolutions. The Offices of Purchasing and Contracts and Planning and Partnerships would like to thank all of the local public health agencies for their cooperation during the resolution process. Please visit the office Web site to view the updated agency names. <http://www.cdphe.state.co.us/opp/locallist.html>

Minimum Qualifications for Public Health Directors

The State Board of Health hearing was on May 20, 2009. The minimum qualifications are almost identical to the existing qualifications for directors of organized health departments. Substitutions for experience or education are included as well as a waiver process that counties can use. The minimum qualifications are posted at (<http://www.cdphe.state.co.us/opp/pubhealthact.html>). The Public Health Act Advisory Group and the Office of Planning and Partnerships would like to thank those who submitted comments and those who traveled far and wide to participate in the State Board of Health hearing.

A Summer of Travel: SAVE THE DATES! Critical Input Meetings/Public Health Improvement Plan

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The Act authorizes the Office of Planning and Partnerships of the Colorado Department of Public Health and Environment to create a Statewide Public Health Improvement Plan, including core services that will set priorities for the public health system in Colorado, and will provide the basis for local public health improvement plans. Critical input meetings will convene for one day, during which attendees will participate in a facilitated process to review and make recommendations for improvement to a draft work product. Meeting locations and times will be coming. To RSVP, please e-mail at CDPHEEDPlanningandPartnerships@state.co.us, or call 303-692-2350. Mark your calendars for the following dates:

- July 23, 2009 in Grand Junction
- August 3, 2009 in Denver
- August 4, 2009 in Ft. Collins
- August 11, 2009 in Pueblo
- August 13, 2009 in Broomfield

The Office also plans to attend many scheduled public health related meetings this summer to get the input needed to make this OUR plan in public health. For those who can't make the meetings, stay tuned for an interactive website that will be set up for public comment. The Public Health Act Advisory Group and the Office of Planning and Partnerships would like to thank you for your continued support!

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CDPHE releases MRSA Protocol For Long-term Care Facilities – previously reported

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-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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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

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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 contact Marcy Cameron, mcameron@coqio.sdps.org, or at 303.695.3300, x3040.

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5M Lives Campaign Information

Colorado July 5M WebEx – July 1st - Communication Strategies from Team STEPPS

Please join us for our July 5M Webinar on July 1, 2009, from 10-11am MT. This month's call will feature a presentation by CFMC on communication strategies from AHRQ's Team STEPPS training. We will share with you some of the great ideas from Team STEPPS that can help you foster better teamwork and communication amongst your hospital staff.

Teleconference: 1.800.514.0831

Teleconference Confirmation Code: 24775654

Please follow these instructions to join the event:

- 1) Click on or go to <https://ifmcevents.webex.com> (<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: 5MCO
- 6) Click on Join
- 7) Call in to the teleconference number for the audio portion. **The number is 1.800.514.0831. The confirmation code is 24775654. Please note these are NEW numbers. Confirmation numbers are changed every month.**

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Final Progress Reports – Due NEXT Tuesday, June 30, 2009

This is a reminder that your Final Progress Reports are due to The Colorado Trust next Tuesday, June 30, 2009. If you have questions or need any assistance, feel free to contact Kelley Strachan at kstrachan@cfmc.org.

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IHI Improvement Map Informational Webinar Opportunities with Live Demonstration

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To learn more about the Improvement Map and to see a live demonstration, please join us for one of three informational webinars. To register for the sessions please follow the appropriate links below and click on the register button. After registering you will receive an email containing connection information.

Improvement Map Informational Session

Thursday, June 25, 2009

11:00 AM - 12:00 PM MT

To Register: <https://ihi.webex.com/ihi/onstage/g.php?d=354343025&t=a>

Improvement Map Informational Session

Wednesday, July 1, 2009

11:00 AM - 12:00 PM MT

To Register: <https://ihi.webex.com/ihi/onstage/g.php?d=352120698&t=a>

Improvement Map Informational Session

Tuesday, July 7, 2009

11:00 AM - 12:00 PM MT

To Register: <https://ihi.webex.com/ihi/onstage/g.php?d=350306741&t=a>

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Up Next on WIHI – “Raising Joy in the Health Care Workforce” – July 9th

Raising Joy in the Health Care Workforce

Thursday, July 9, 2009

Noon - 1:00 PM Mountain Time

Featuring:

Guest: Joanne Watson, IHI Fellow and Consultant Endocrinologist, NHS

Guest: Katie Bell, Partner and Lead, Gallup-Healthways Well-Being Index

There are a lot of good intentions when it comes to the health care workforce and most health care CEOs work hard to create an environment that will lead to both high levels of job satisfaction and good quality patient care. But what, precisely, are the principles and processes that can lead to a joyful organization instead of a demoralized one? Why do some hospitals enjoy reputations as great places to work *and* receive care, and others limp along as merely average? How would you evaluate your own workplace right now?

Join host Madge Kaplan for an exploration into the issues and the essential qualities of organizations that must sustain their staffs and heal patients alike. Joanne Watson will offer her latest findings on “pride and joy in work” based on expert interviews and close encounters with places recognized for their commitments to employees and high quality care; Katie Bell leads up an initiative that is now regularly measuring the well-being of people in the US. Dubbed “the Dow Jones of health” the Gallup-Healthways Well-Being Index is rapidly becoming one of the country’s best views on how people feel about the overall quality of their lives, including their health and jobs.

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