

SOW News

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Working Together to Improve Validation

As a result of the most recent round of data validation for Hospital Compare, acute care team members from Health Services Advisory Group have compiled this list of frequently asked questions surrounding data collection and validation.

Q: *What one thing do you observe that most often contributes to incorrect data abstraction?*

A: Abstractors do not routinely refer to the *CMS/JCAHO Specifications Manual for National Hospital Quality Measures (Specifications Manual)*. The manual provides the abstractor with definitions and information necessary to abstract the record correctly. Two sections of the manual should be available for every abstractor as a reference. These sections are the “Data Dictionary” and the “General Abstraction Guidelines.” The entire manual can be found at: http://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual. The manual has undergone multiple revisions, and it is important that the abstractor use the version that corresponds to the discharge date of the medical record.

Q: *What about using the dictionary and instructions provided by the data collection tool vendor?*

A: During discussions with abstractors, we have found that the vendor instructions frequently do not provide the level of detail that the *Specifications Manual* contains. This manual is universal in that it applies to all vendor tools. It is also the manual used by the Clinical Data Abstracting Centers (CDAC) to validate the record.

Q: *What does the QualityNet Exchange provide for an abstractor?*

A: The QualityNet Exchange (QNet) is a Web site that provides the *Specifications Manual*, general abstraction information, and a variety of resources on each of the four national clinical topics. The training section of QNet (<http://qnetexchange.org/public/publicpage.do?cmnPage=training>) provides data abstraction training for each of

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the four national projects. These sections of the site can be accessed without a password.

Q: *What do you mean when you caution abstractors to use the correct version of the Specifications Manual?*

A: CMS and JCAHO are continuously updating the manual to correspond to changing practice. Using a version that does not correspond to the discharge date of the patient's medical record may result in the abstractor answering the question incorrectly. For example, if an abstractor used an earlier version of the manual as a reference to abstract a record with today's discharge date, the use of an angiotensin receptor blocker (ARB) would not be an acceptable substitute for the use of an angiotensin converting enzyme inhibitor (ACE-I). However, the use of an ARB instead of an ACE-I is now acceptable. Using the older, outdated version of the manual would result in a validation mismatch. It is important to use the manual that corresponds to the patient's discharge date.

Q: *What is meant by "parent/child questions"?*

A: Throughout the data collection tool there are questions that the abstractor may or may not need to answer, based upon the response to the first question. The first question is the parent question; the subsequent questions are the child questions. For example, the pneumonia tool asks if the patient had a working diagnosis of pneumonia on admission, which is the parent question. If the abstractor answers "No," the child questions would not be abstracted. It is important that the abstractor answer the parent question

Abstraction WebEx Offering

Title: Tricks of the Trade for Difficult-to-Abstract Variables

Play time: 1 hour, 15 minutes

Description: Abstraction tips from CDAC trainers

Access the recording at:

<https://ifmcevents.webex.com/>

correctly. If not, the subsequent child questions will be answered incorrectly. In the pneumonia example cited above, if the abstractor mistakenly answered "Yes" and continued to answer the child questions, the CDAC abstractor would mismatch all of the child questions. Another example is when the parent question asks if the patient is a current smoker. The child question asks if the patient was provided smoking cessation counseling if the parent question is answered "Yes."

Q: *What recommendations do you have for a new abstractor?*

A: A new abstractor should:

1. Thoroughly understand the data abstraction tool being used.
2. Use the *Specifications Manual* as a reference for each question until the abstractor becomes familiar with the data abstraction tool and guidelines related to each question.
3. Become familiar with QNet Exchange (<http://qnetexchange.com>) and QNet Quest, the CMS Web-based question-and-answer system on Qnet Exchange. Use them as additional tools to help with abstraction.
4. View the abstraction videos offered on QNet.
5. Review the WebEx presentations developed by the CDAC describing common pitfalls of abstraction. Those presentations can be found at <https://ifmcevents.webex.com/>.

Q: *There were pages inadvertently omitted from the medical record requested for validation by the CDAC. Can the missing pages be sent later?*

A: No, CMS and the CDAC are very clear and unforgiving if the medical record is not sent in its entirety. This is why it is important to have a process in place with the medical records department to assure that the appropriate and complete chart is sent when requested. If the abstractor refers to computer records

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for abstraction, those files must be included as part of the paper chart sent to the CDAC.

Q: *What are technical issues and can they be appealed?*

A: Technical issues occur when the vendor tool and/or analysis are not consistent with the CMS tool and/or analysis. Vendors have been provided with the information necessary to assure that their tool and analysis are consistent with the CMS abstraction tool. If, upon review of a mismatch, it is determined that the mismatch is a result of a technical issue, CMS has mandated that the mismatch may not be appealed. The recourse to a hospital is to contact its vendor and have the vendor correct the problem to avoid future mismatches.

Q: *We failed validation and want to know if our mismatches can be appealed. What should we do?*

A: Consider these steps to determine if your appeal is well-founded:

1. Determine the cause of each mismatch, i.e., read the CDAC's rationale.
2. Review the medical record in light of the CDAC's rationale.
3. Review the element in the data dictionary.
4. Search QNet Quest for questions related to your appeal.
5. Call or e-mail your HSAG contact.

When reviewing appeals, HSAG has often found that the hospital did not use the information provided in the manual to abstract the question. If the manual had been used at the time of abstraction, the mismatch may have been avoided. Reviewing the manual prior to the appeal may determine why the mismatch occurred. Remember, the CDAC follows the *Specifications Manual* to the letter.

Q: *We passed validation, do we need to do anything more?*

A: As an educational opportunity, mismatches should be reviewed to determine why the question was answered incorrectly.

Q: *Are there any additional abstraction issues that result in mismatches?*

A: Nurses frequently interpret questions using their own clinical judgment rather than using the *Specifications Manual*. For example, if a postoperative patient's record has physician documentation that the incision is red, warm to the touch, and has drainage; that the patient has a consistent elevated temperature and an elevated white count; and antibiotics have been re-ordered; the abstractor may conclude, using clinical judgment, that the patient has a postoperative infection. However, the *Specifications Manual* states that, unless there is documentation using the term "infection," the abstractor should not conclude that an infection is present.

New Version of Specifications Manual Released

The *CMS/JCAHO Specifications Manual for National Hospital Quality Measures*, version 1.05, for implementation with discharges as of April 1, 2006, has been released. This updated version can be found on QualityNet Exchange by selecting Related Resources under the HDC or CART tab. Options are available to download the entire manual or to view specific sections. The updated sections of the manual can be identified with the revision date of December 2005.

The Release Notes, provided for each version of the manual, outline the changes associated with that specific release. They include corrections and clarifications based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations.

Hospital Compare Refresh

On December 15, 2005, Hospital Compare will be refreshed. It will present quality-of-care rates from up to four continuous quarters of data. Rates will be based on second quarter 2004 through first quarter 2005 discharge data accepted into the QIO Clinical Warehouse.

HoW Builds a Business Case for Quality

Building a business case for quality was the main focus of the Arizona Hospital Workgroup (HoW) meeting held at Health Services Advisory Group (HSAG) on November 10. Over 50 participants representing 29 hospitals attended the meeting.

The objectives of the meeting included:

- Providing information about the CMS 8th Scope of Work (8SoW).
- Approving a HoW Mission, Vision, and Charter.
- Developing a business case for patient safety, including identification of key elements, information resources, and a written submission plan.

HSAG staff led a discussion on Arizona hospital activity in the 8SoW, which included in-depth explanations of Identified Participant Groups (IPGs), data collection, and Hospital Compare. During this discussion, participants asked questions related to specific IPG task requirements and resources available for hospitals to succeed in the 8SoW.

Next, Yuma Regional Medical Center's Chief Financial Officer and Arizona Hospital and Healthcare Association's (AzHHA's) Project Manager demonstrated a template that could be used to build a business case for resources required to reduce the number of ventilator-associated pneumonias. The template was based on a model used by business courses at the University of Phoenix and Arizona State University.

The success of the meeting confirmed that HoW members welcome an opportunity to learn more about issues that positively impact their quality improvement work. The next HoW meeting is scheduled for January 12, 2006. For additional information, contact Suzanne Anders.

System-Level Interventions Help Tobacco Users Quit

Health care professionals are well aware of the devastating consequences of tobacco use. Unfortunately, life-threatening diseases are manifest only after years of tobacco use and are often in advanced, difficult to treat stages when diagnosed. By delivering a personal, relevant, brief tobacco cessation message, appropriate to a patient's readiness to quit, clinicians may help move a patient closer to a successful cessation attempt.

Clinicians can be easily taught simple, brief tobacco dependence treatment interventions. Health care system changes can support clinical staff in providing and documenting effective interventions. Recent research demonstrates that documentation in electronic medical records of not only smoking status, but also readiness to quit, increases clinicians' provision of interventions. System changes, including provision of smoking cessation medication and creating follow-up protocols, enhance quit attempts.

Free Continuing Education Brief Tobacco Intervention Skills Certification and Basic Skills Instructor Workshops taught by The University of Arizona HealthCare Partnership faculty are available at several locations throughout Arizona. The workshops offer free CEU/CME and are funded by the Arizona Department of Health Services Office of Tobacco Education & Prevention.

- To access more information on continuing education and certification programs, visit <http://www.azdhs.gov/phs/tepp/hcp.htm> or e-mail the HealthCare Partnership at hcpinfo@u.arizona.edu.
- For the HealthCare Partnership calendar of events, visit <http://research.sbs.arizona.edu/hcpcalendar/month.php>.
- To learn about the Arizona Department of Health Services free resources and service to help people quit tobacco, visit <http://www.azdhs.gov/phs/tepp/index.htm>.

CMS Recommendation for Influenza Abstraction

The Centers for Medicare & Medicaid Services (CMS) is aware of sporadic shipment delays of the influenza vaccine to many providers throughout the United States. For those who are experiencing these delays, we understand that immunization rates for the National Hospital Quality Measure Influenza Vaccination (PN7) may be impacted. CMS and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are currently exploring options for handling the measure data related to Influenza Vaccination while shipment delays exist.

In the interim, for the purposes of case abstraction, we advise the following:

- Hospitals should continue to abstract data for the Influenza Vaccination measure (PN 7).
- If a patient is a candidate for the influenza vaccine, but cannot receive it prior to discharge due to a shipment delay, the case should be abstracted by selecting allowable value 5 (None of the above...) for the data element Influenza Vaccination Status.

As a result of the national shortage of the influenza vaccine experienced last year, CMS and JCAHO have already added another option to the data element Influenza Vaccine Status, stating "Vaccine not available to hospital." However, this option cannot be implemented until January 1, 2006.

CMS and JCAHO will continue to monitor the situation and will issue further advisories as the situation evolves.

HCAHPS Survey Instrument Complete

On November 4 the Centers for Medicare & Medicaid Services (CMS) released the final Hospital CAHPS (HCAHPS) survey instrument, seeking approval for its use under the Paperwork Reduction Act. HCAHPS is the first national survey to collect uniform patient feedback on hospital care. Developed through a public and collaborative process, HCAHPS is the product of scientific research, consumer and field testing, and multiple opportunities for public comment.

The final survey instrument was published in the *Federal Register* on November 7. This was followed by a 30-day comment period, which closed on December 7. The Office of Management and Budget has 30 days after the close of the comment period to approve the survey instrument. CMS expects to begin national implementation of the survey in 2006. Participation by hospitals will be voluntary, and results will ultimately be publicly reported on the CMS Hospital Compare Web site.

New AHRQ Study Finds Mixed Compliance with Medication Warning Labels

More than 40 percent of nearly 930,000 patients enrolled in 10 geographically diverse health plans received at least one medication for which the FDA had issued a black-box warning. These warnings are the strongest labels issued by the FDA and indicate that the medication carries the risk of potential injury or death. Researchers found that physicians' compliance with the black-box warnings was highly variable, depending on the medication prescribed. Physicians were less likely to comply with the warning when patients did not receive needed lab tests before beginning a new prescription. Nearly 50 percent of all prescriptions that should have been accompanied by a lab test were not. However, medications prescribed to pregnant women were among those with the highest levels of physician compliance. Only 0.3 percent, or 95 of 79,000 prescriptions prescribed to women of childbearing age who might have been pregnant, carried a black-box warning against use during pregnancy. In addition, physicians did not prescribe medications that were likely to have negative interactions with QT-interval-prolonging medications that regulate heart rhythm. The study, "FDA Drug Prescribing Warnings: Is the Black Box Half Empty or Half Full?" was published in the November 18 issue of *Pharmacoepidemiology and Drug Safety*.

Study: GAP-Employer-QIO Collaboration Yields Lower Mortality

In a study presented at a November 15 national meeting of the American Heart Association in Dallas, researchers found that heart failure patients are less likely to die after they go home from the hospital if the hospital has participated in an organized quality improvement program to streamline care. The study also indicates that heart failure patients are less likely to need another hospital stay when quality improvement programs are implemented.

The study involves research conducted as part of the Guidelines Applied in Practice (GAP) project, sponsored by the American College of Cardiology (ACC).

IPG Selection Process

HSAG is in the process of selecting hospitals for the CMS 8th Scope of Work Identified Participant Groups (IPGs). Hospitals have notified HSAG if they are interested in participating in specific IPGs. HSAG is waiting for final IPG participant approval from CMS. Once CMS has notified HSAG of its IPG selections, HSAG will notify those hospital CEOs. The hospital liaison will also be notified at that time. The notification process will include a participation agreement that must be signed by the CEO and returned to HSAG before the process is complete. Hospitals should contact their HSAG Clinical Quality Specialist for any questions or concerns they may have about the process.

HSAG Acute Care Team Contact Information

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Upcoming Events

January 12, 2006 10:00 a.m. to 4:00 p.m.	Arizona Hospital Workgroup (HoW) For information, contact Suzanne Anders (sanders@azqio.sdps.org).
January 25, 2006 11:10 a.m. to 12:30 p.m.	Arizona Rural Quality Network Group (ARQNG) For information, contact Judith Richard (jrichard@azqio.sdps.org).

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