

# SOW News

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**Attachment:** *Topic Specific Changes* (for the *Specifications Manual for National Hospital Quality Measures*, discharges of January 1, 2006, though March 31, 2006)

## Characteristics of High-Performing Hospitals

Under the direction of Andrea Silvey, PhD, MSN, Health Services Advisory Group, Inc. (HSAG) has concluded the Centers for Medicare & Medicaid Services (CMS) High Performers Special Study (HPSS). The overall goal of the HPSS was to develop and implement a scientific method to define and identify high-performing hospitals and those quality improvement (QI) practices, characteristics, and attributes that distinguish high performers (HPs) from non-high performers (NHPs).

The top six HPs nationwide were matched at the state level with six NHPs to identify, through qualitative research, similarities and differences in their QI activities. A quantitative algorithm was applied to a national dataset of CMS quality indicators for the period from July 2003 through June 2004. The algorithm measured each hospital's overall quality of care delivered to patients with acute myocardial infarction (AMI), heart failure (HF), and pneumonia (PN). The Silvey Organizational Momentum Assessment Scale (MAS) was applied to the qualitative data to objectively measure the momentum (level of effort and commitment to clinical quality improvement) demonstrated by the leadership of each hospital.

Key findings from the study include:

- **Hospitals have not achieved overall excellence** in providing care for AMI, HF, and PN patients. Using an algorithm with 36 possible points, no hospital exceeded 24 points, and just 1 percent of 3,867 hospitals nationwide scored 16 points or higher.
- **Five core characteristics related to QI culture, technology, responsibilities, priorities, and targets were identified** that, when combined in various ways, suggest four common QI models of HPs.
- **Individual HPs demonstrated 60 percent to 100 percent of these core characteristics**, while only 0 percent to 60 percent of these core characteristics were demonstrated by individual NHPs.

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- ***The patterns of core characteristics observed among all HPs strongly suggests*** that high performance may be driven by either culture or technology, not necessarily both, as long as the QI responsibilities for program implementation and priority setting are clearly delineated at the leadership level.
- ***Twelve basic change ideas were identified*** that were common to both HPs and NHPs that appear necessary, but not sufficient, for high performance.
- ***Nine high-leverage change ideas were identified*** that appear to drive high performance and further distinguished between HPs and NHPs.

The entire report is available at [http://www.hsag.com/projects/high\\_performers.asp](http://www.hsag.com/projects/high_performers.asp).

## Hospital Abstraction Resource Documents Updated

New CMS-JCAHO topic-specific resource documents for hospital abstraction have been updated to support abstraction for January 1, 2006, through March 31, 2006, discharges. The updated documents are available on the QualityNet Exchange Web site under CART Content by selecting Related Resources, or by following this link: <http://qnetexchange.org/public/hdc.do?hdcPage=cart-rltdsrscs>.

These are the same alignment specifications that both CMS and JCAHO follow. The CMS Abstraction & Reporting Tool (CART) is designed and updated to follow the specifications exactly, as should every JCAHO vendor's tool. They are the specifications that the CDAC uses to validate your hospital's chart abstraction.

The following documents are available in self-extracting, executable files for each of the clinical topics:

- General Abstraction Guidelines—a resource designed to assist abstractors in determining how a question should be answered. Additional clarification has been added to the Qualifiers and Quantitative Modifiers sections.
- Data Abstraction Guidelines—listed by topic and

designed for use with the paper tool. These guidelines are from the *Specifications Manual for National Hospital Quality Measures*.

- Paper Tools—listed by topic and intended for use as both retrospective and concurrent abstraction tools.

For a comprehensive list of the changes, please refer to the Release Notes for the *Specifications Manual for National Hospital Quality Measures* for discharges as of January 1, 2006, at the following two links: [http://qnetexchange.org/public/docs/hdc/sm4nhqm/Release\\_Notes\\_104.pdf](http://qnetexchange.org/public/docs/hdc/sm4nhqm/Release_Notes_104.pdf) and [http://qnetexchange.org/public/docs/hdc/sm4nhqm/Release\\_Notes\\_104a.pdf](http://qnetexchange.org/public/docs/hdc/sm4nhqm/Release_Notes_104a.pdf).

A brief summary of the changes is available in the *Topic Specific Changes* document attached to this issue of the *SoW News*.

## Public Reporting of Influenza

HSAG has received unofficial notification that the influenza measure will not be publicly reported for the 2005 fourth quarter. The measure will be reported for the 2006 first quarter and, due to the volume of unsold vaccine on the market (Chiron alone has 1.5 million unsold doses), CMS and JCAHO will not accept the “vaccine not available” option when medical records are abstracted. HSAG will pass along CMS' and JCAHO's official notification on this topic when it becomes available.

## Question of the Month

*Our physicians are upset about our low validation scores; they believe that this reflects poor care provided to their patients. What explanation would you use to answer their concern?*

Validation itself is a reflection of the abstractor's ability to use a data abstraction tool, follow the instructions, abstract the medical record, and enter the correct response. Validation is not a reflection of the quality of care provided. The data results are an indication of the quality of care provided.

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Even the measures themselves are not an all-inclusive indication of the quality of care provided to patients. For example, if an AMI patient is admitted to a hospital and the hospital provides all of the care associated with the quality measures, there may still be quality-of-care issues. What if patients consistently are not provided oxygen on arrival, or the amount of morphine is not sufficient to eradicate the patient's pain? If the AMI mortality rate for patients admitted to the hospital is significantly higher than any other surrounding hospital or the national AMI mortality rate, there may be quality-of-care issues that are not captured by the national AMI measures.

### Difficult-to-Abstract Variables WebEx

A WebEx recording of "Tricks of the Trade for Difficult-to-Abstract Variables" is now available (follow the instructions at [http://acute.hsag.com/WebEx\\_TricksOfTheTrade.pdf](http://acute.hsag.com/WebEx_TricksOfTheTrade.pdf)). This 75-minute presentation from the CDAC training coordinators provides medical record abstraction tips for pneumonia, heart failure, acute myocardial infarction, surgical infection, and CART discharges.

### Do We Know You? We Need To.

Per the CMS contract agreement, hospitals must provide HSAG with the names, titles and e-mail addresses of the following personnel designated as points of contact:

- **Administrator or CEO**—the individual with authority to enter into this agreement and designate the points of contact.
- **QIO Liaison**—considered the primary point of contact for all HSAG communication. It is expected that the hospital-designated QIO Liaison will ensure that appropriate hospital personnel receive HSAG information. The hospital-designated QIO Liaison will also receive all requests for medical records.
- **Physician Chairperson of the Quality Assurance Committee**—the point of contact to receive utilization and quality-of-care concerns identified at the hospital

and physician level. The hospital-designated Physician Chairperson of the Quality Assurance Committee is expected to respond to the requests to discuss concerns and to notify HSAG of corrective actions taken as a result of an identified pattern of confirmed concerns and/or a single concern of a serious nature.

- **Medical Director/Chief Medical Officer/Chief of Staff**—the point of contact to receive quality improvement information resulting from collaboration with HSAG on CMS-directed clinical quality improvement projects.
- **Chief Financial Officer**—the point of contact to receive Hospital Payment Monitoring Program information.
- **Grievance or Beneficiary Complaint Coordinator**—the point of contact to address and/or facilitate Medicare beneficiary complaints and oversee their resolution.

Hospitals are responsible for coordinating and communicating QIO issues between departments and must supply HSAG with any changes to the above names and titles within 30 days of the change. This is important so that both HSAG and the hospital are assured that information is reaching the appropriate contact for a given subject area, as designated by the hospital Administrator or CEO.

If you have any questions or concerns about the designated point of contact within your organization, please contact Suzette Googins at HSAG.

### HoW Meeting Motivates Physician Change

Motivating physician change for quality was the focus of the Arizona Hospital Workgroup (HoW) meeting held at Health Services Advisory Group (HSAG) on January 12, 2006. Nearly 40 participants representing 27 hospitals attended the meeting. The meeting began with HoW members reviewing and agreeing upon a mission, vision, and charter for the 8th Scope of Work (8SoW).

The objectives of the meeting included:

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- Engaging physicians in performance improvement (PI) initiatives.
- Involving medical staff in data collection, analysis, and PI.
- Overcoming barriers to medical staff involvement in PI.

Ralph Carungi, MD, Vice President of Medical Affairs at Arrowhead Hospital, gave an informative and entertaining presentation on motivating physician change. The presentation included causes of current physician behavior and how to make the transition to behaviors consistent with a collective culture.

HSAG staff provided attendees with updates on the 8SoW. They also led a discussion on data validation, which included processes and common causes of mismatches. Using the fishbone diagram concept, attendees stated areas of concern and barriers related to data validation, along with suggestions for solutions.

Feedback and evaluations from the meeting indicated that participants appreciated the opportunity to learn more about issues that impact their efforts in PI. Materials from the meeting are available online at [http://acute.hsag.com/how\\_january06\\_meeting.asp](http://acute.hsag.com/how_january06_meeting.asp).

The next HoW meeting is scheduled for April 13.

### **HDC Notification Group: Are You Subscribed?**

CMS uses the Auto-Notification List (automated e-mail mailing list server) to disseminate timely and pertinent information related to quality initiatives. HSAG encourages everyone within a hospital that deals with CMS and/or JCAHO data abstraction, validation, and quality improvement to subscribe to the Hospital Data Collection (HDC) notification group. It is not used as an open discussion list server; only CMS notifications are sent.

There are three separate topic areas that are covered by CMS Auto Notifications. Choose from the subscriber lists at <http://qnetexchange.org/public/JSP/listserve/register.jsp> to receive automatic notifications regarding:

- CART, the CMS Abstraction and Reporting Tool.
- HDC/Public Reporting.
- QIO Clinical Warehouse.

Individuals may subscribe to any or all of the notification lists. Those responsible for overseeing or conducting the actual data abstraction are encouraged to subscribe to all three groups. Even if you have a vendor and are not a CART user, the CART notification group provides useful information. You will receive important alerts and the latest updates on measure modifications, timelines, and process/policy clarification. Recent subjects have included information on hospital data submission requirements, news on changes to the Hospital Compare Web site, and availability of the Hospital Quality Alliance preview reports.

The amount of additional e-mail that you will receive from all three combined lists will not be significant; there have been only eight total Notifications in the last three months. You can always unsubscribe at any time.

### **Carrying the Torch for Patient Safety**

On April 6 and 7 the Arizona Hospital and Healthcare Association will present Carrying the Torch for Patient Safety, a two-day educational conference that will feature national safety expert Jim Bagian, MD, Director, VA National Center for Patient Safety. The conference will be held at the Phoenix Marriott Mesa and will also feature the Institute for Healthcare Improvement's (IHI's) 100,000 Lives campaign leader, Joe McCannon.

Hospital executives will want to be sure to attend Dr. Bagian's special Executive Session that will occur on April 6 beginning at 7 a.m. The majority of this conference, however, is targeted to the critical front-line managers who are taking the safety hand-off from staff responsible for orchestrating the organization's safety initiatives. Are your front-line professionals ready for this hand-off? The conference will focus on areas that may be well known to hospital leaders and safety professionals but not common knowledge for

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these clinical and ancillary professionals.

The conference will feature best-practice presentations on high-leverage areas such as utilizing rapid response teams, preventing surgical site infections, building a safety culture, developing effective hand-offs and communication, and understanding the business case for patient safety.

Registration materials will be sent to Arizona hospitals in February 2006. Please call 602-445-4356, or send an e-mail to [edservices@azhha.org](mailto:edservices@azhha.org), if you have a question or need additional information.

**Annual Payment Update (APU) WebEx**

A WebEx recording of “Insight to APU” is now available (follow the instructions at [http://acute.hsag.com/webex\\_010606\\_apu.asp](http://acute.hsag.com/webex_010606_apu.asp)). This 70-minute, previously recorded presentation (January 6, 2006) offers tips to assist hospitals with meeting the APU requirements for the fiscal year 2007. Although the recording was intended for state Quality Improvement Organizations (QIOs), hospitals will find the information helpful.

**HSAG Acute Care Team Contact Information**

Howard C. Pitluk, MD, MPH, FACS Medical Director <a href="mailto:hpitluk@hsag.com">hpitluk@hsag.com</a> 602.665.6143	Suzanne Anders, RN, BSBA, CPHQ Clinical Quality Specialist IPG Lead for SCIP <a href="mailto:sanders@azqio.sdps.org">sanders@azqio.sdps.org</a> 602.665.6171 or 520.661.9370	Suzette Googins, BA Administrative Assistant II <a href="mailto:sgoogins@azqio.sdps.org">sgoogins@azqio.sdps.org</a> 602.745.6299
Suzanne K. Powell, RN, BSN, MBA, CPHQ, CCM Director, Acute Care/QI Program <a href="mailto:spowell@azqio.sdps.org">spowell@azqio.sdps.org</a> 602.665.6109	Judith Richard, RN, MS, CPHQ Clinical Quality Specialist IPG Lead for ROSC <a href="mailto:jrichard@azqio.sdps.org">jrichard@azqio.sdps.org</a> 602.665.6116	<b>Health Services Advisory Group, Inc.</b> 1600 East Northern Avenue, Suite 100 Phoenix, Arizona 85020-3983 Phone: 602.264.6382 Fax: 602.241.0757 <a href="http://www.hsag.com">www.hsag.com</a>
Charlie A. Chapin, MS, CHCA Director, Decision Support <a href="mailto:cchapin@azqio.sdps.org">cchapin@azqio.sdps.org</a> 602.665.6107	Susan Sumwalt, RN, MA, CPHQ Clinical Quality Specialist IPG Lead for ACM and SIOC <a href="mailto:ssumwalt@azqio.sdps.org">ssumwalt@azqio.sdps.org</a> 602.665.6176	Hospital Quality Improvement Web Site <a href="http://acute.hsag.com">http://acute.hsag.com</a>

**Upcoming Events**

April 6–7, 2006	<b>Carrying the Torch for Patient Safety</b> For information, contact the Arizona Hospital and Healthcare Association ( <a href="mailto:edservices@azhha.org">edservices@azhha.org</a> )
April 13, 2006 10:00 a.m. to 2:00 p.m.	<b>Arizona Hospital Workgroup (HoW)</b> For information, contact Suzanne Anders ( <a href="mailto:sanders@azqio.sdps.org">sanders@azqio.sdps.org</a> ).
April 26, 2006 11:00 a.m. to 12:00 p.m.	<b>Arizona Rural Quality Network Group (ARQNG)</b> For information, contact Judith Richard ( <a href="mailto:jrichard@azqio.sdps.org">jrichard@azqio.sdps.org</a> ).

This material was prepared by Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



## Topic Specific Changes

For a comprehensive list of changes to the AMI, HF, PN and SIP topics please refer to the Release Notes (versions 1.04 and 1.04a) for the Specifications Manual for National Hospital Quality Measures for discharges of January 1, 2006 through March 31, 2006. The following is a brief summary of the changes.

### Changes Affecting All Topics

- The data element *Discharge Status* has an additional value 66 – “Discharged/transferred to a Critical Access Hospital (CAH)” effective 01-01-06.
- The phrase “The population for this measure set includes only patients admitted to the hospital for inpatient acute care” was added to the Measure Populations.

### AMI

- The *Arrival Date* and *Arrival Time* data elements will no longer have “Face sheet” as a Suggested Data Source.
- The statement “ST segment noted as  $\geq 1$  mm” has been added as an inclusion to the data element *Initial ECG Interpretation*.
- The following statements have been added to the exclusion list for the data element *Initial ECG Interpretation*:
  - “ST elevation, or any of the other ST segment elevation inclusion terms, with mention of pacemaker/pacing (unless atrial only)”
  - “Left bundle branch block (LBBB), or any of the other left bundle branch block inclusion terms, with mention of pacemaker/pacing (unless atrial only)”
- All left ventricular function (LVF) notations have been changed to left ventricular systolic function (LVSF) for the data element *LVSD*.
- The statement “Cardiomyopathy not described as endstage” has been added as an exclusion to the data element *LVSD*.
- The statement “Systolic dysfunction, or any of the other function/dysfunction terms in the Moderate/Severe Systolic Dysfunction Inclusion Table, described as mild or moderate” has been added as an exclusion to the data element *LVSD*.
- The data element *Discharge Status* will be collected for AMI-1 and AMI-6.
- The derived variable “Duration of Stay” will be collected for AMI-1 and AMI-6.
- The AMI-7 measure name has changed to “Median Time to Thrombolysis”.
- The AMI-8 measure name has changed to “Median Time to PCI”.
- Remove the entire Contractility inclusion list from Appendix H, Table 1.3, *Moderate/Severe Dysfunction Inclusion*.

### HF

- The *ICD-9-CM Other Procedure Codes* and *ICD-9-CM Principal Procedure Code* data elements will be collected for HF-1, HF-2, HF-3 and HF-4.
- All left ventricular function (LVF) notations have been changed to left ventricular systolic function (LVSF) for the data element *LVF Assessment*.
- The statement “Cardiomyopathy not described as endstage, contractility/ hypocontractility” has been added as an exclusion to the data element *LVF Assessment*.
- The statement “Systolic dysfunction, or any of the other function/dysfunction terms in the Moderate/Severe Systolic Dysfunction Inclusion Table, described as mild or moderate” has been added as an exclusion to the data element *LVSD*.
- The HF-2 measure name has changed to “Evaluation of LVS Function”.
- New exclusion criteria based on the ICD-9-CM Principal and Other Procedure Codes have been added to all HF measures through the addition of Table 2.2, Left Ventricular Assistive Device (LVAD) and Heart Transplant.

## Topic Specific Changes

- Add the following statements to Appendix H, Table 1.2, *LVSF Assessment Inclusion*:
  - Cardiac Cath with LV Gram list - "left heart cath with mention of LVSF."
  - LVSF list - "biventricular dysfunction," "left ventricular failure," "left ventricular function (LVF)."
- Remove the following statements from the LVSF list in Appendix H, Table 1.2, *LVSF Assessment Inclusion*: "contractility," "hypocontractility," and "left ventricular systolic function (LVSF)."
- Remove the entire Contractility inclusion list from Appendix H, Table 1.3, *Moderate/Severe Dysfunction Inclusion*.

### PN

- The *Arrival Date* and *Arrival Time* data elements will no longer have "Face sheet" as a Suggested Data Source.
- The data element *Compromised* added "End stage renal disease" as an inclusion.
- The PN-3b measure name has changed to "Blood cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital".
- A new data element will be collected for PN-3b, *Initial Blood Culture Collected in Emergency Department (ED)*.
- The PN-5 measure name has changed to "Antibiotic Timing (Median)".
- The data element *Influenza Vaccination Status* has a new allowable value 6 - "Vaccine not available to hospital, due to shortage of vaccine." Notes regarding usage of this value have been added.
- The data elements *Pseudomonas Risk* and *Antibiotic Allergy* will be collected for PN-6b and the non-ICU population of PN-6.
- Answering "Yes" to the data element *Transfer from Another ED* will no longer exclude the case from PN-2, PN-4 and PN-7 measures.
- Appendix A table 3.1 Pneumonia (PN) – viral pneumonia codes have been removed.
- Appendix C table revisions:
  - Antimicrobial Medications Table 2.1
  - Immunosuppressive Medications Table 2.2
  - Beta-Lactams Medications Table 2.3
  - Beta-Lactams (Pseudomonal Risk) Medications Table 2.4
  - Antibiotic Allergy Table 4.0

### SIP/SCIP

- SCIP Infection and VTE data elements have been added to the SIP topic to allow for optional SCIP data collection. A new data element for *SIP/SCIP* has been added. The question states, "Would you like to abstract SCIP Infection and SCIP VTE data elements along with the SIP data elements?" The answer values are "Yes" and "No". If "No" is selected, the regular SIP abstraction will occur as indicated. If "Yes" is selected, the SCIP data elements will display for abstraction and the existing optional SIP elements will be disabled.
- With the upgrade of SIP cases from CART 3.0/3.0.1 to CART 3.1, the data element of SIP/SCIP in CART 3.1 will default to the answer value of "no". For providers intending to collect the SCIP data elements, the SIP/SCIP question code will need to be changed to "yes".
- This release of CART will not calculate the measures for SCIP Infection and SCIP VTE.
- Added a new option for collecting fewer antibiotic doses. Please refer to the Notes for Abstraction for the following data elements for details.
  - *Antibiotic Administration Date*
  - *Antibiotic Administration Route*
  - *Antibiotic Administration Time*
  - *Antibiotic Name*
- Abdominal irrigation, chest irrigation, enema/rectally, inhalation, intracoronary, and peritoneal irrigation have been moved from the inclusion list to the exclusion list for *Antibiotics Prior to Arrival* and *Antibiotic Administration Route*.
- SIP-3 has been revised to allow for CABG and Other Cardiac Surgery procedures to discontinue antibiotics "within 48 hours" instead of "within 24 hours".

## Topic Specific Changes

- The definition of “postoperative period” for the data element *Postoperative Infections* has changed to “within 2 days of the *Surgery End Date* with the day of surgery being day zero unless a CABG or Other Cardiac Surgery,” then the postoperative period is defined as “within three days of the *Surgery End Date*.”
- Appendix C table revisions:
  - Antimicrobial Medications Table 2.1
  - Antibiotic Allergy Table 4.0