

Insight to APU Attachment

This document includes examples of the various documents and/or reports that are discussed in the **Insight to APU** presentation as well as where to find the document.

- **Data Transmission Deadlines**
https://qnetexchange.org/public/docs/hdc/datatrnsmn/data_trans_req.pdf
- **Chart Audit Validation**
- **Vendor Authorization Form**
https://qnetexchange.org/public/docs/hdc/datatrnsmn/hosp_auth_vendor.doc
- **Sampling Requirements-Specification Manual for National Hospital Quality Measures Section 4**
https://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual
- ***Pneumonia Working Diagnosis on Admission***
https://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual
- **Case Status Report (QualityNet, secure sight, reports)**
<https://qnetexchange.org/qnet/home.do>
- **Data Submission (QualityNet, secure sight, reports)**
<https://qnetexchange.org/qnet/home.do>
- **CDAC Face Sheet**
- **Case Selection (QualityNet, secure sight, reports)**
<https://qnetexchange.org/qnet/home.do>
- **Hospital Data Validation Process- Hospital Process**
<https://qnetexchange.org/public/docs/hdc/datavldtn/ValidProcessHospFlow.pdfT>

Data Transmission Deadlines

The Centers for Medicare & Medicaid Services (CMS) has established data transmission deadlines for hospitals participating in either the **Hospital Quality Alliance (HQA): Improving Care through Information** or the **Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)** initiative.

Data can be transmitted via QualityNet Exchange to the QIO Clinical Warehouse at any time. However, only data submitted according to the deadlines listed below will qualify for inclusion in the HQA and/or RHQDAPU initiatives.

The required clinical data for each facility must be **submitted** to and successfully **accepted** into the QIO Clinical Warehouse by 11:59 p.m. Central Time no later than **15 calendar days after the fourth month following the end of each quarter**. This timeline allows 15 calendar days beyond JCAHO submission requirements.

Cases in the QIO Clinical Warehouse can continue to be updated until the Data Transmission deadline each quarter. Cases in that quarter—whether selected for validation or not—will be “frozen” (no further updates will be accepted) at that time.

QIO Clinical Warehouse Data Transmission Deadlines

Discharge Quarter		Deadline for Data Submission to the QIO Clinical Warehouse
3 rd Quarter - 2004	Jul-Sep '04	February 15, 2005
4 th Quarter - 2004	Oct-Dec '04	May 15, 2005
1 st Quarter - 2005	Jan-Mar '05	August 15, 2005
2 nd Quarter - 2005	Apr-Jun '05	November 15, 2005
3 rd Quarter - 2005	Jul-Sep '05	February 15, 2006
4 th Quarter - 2005	Oct-Dec '05	May 15, 2006
1 st Quarter - 2006	Jan-Mar '06	August 15, 2006
2 nd Quarter - 2006	Apr-Jun '06	November 15, 2006
3 rd Quarter - 2006	Jul-Sep '06	February 15, 2007
4 th Quarter - 2006	Oct-Dec '06	May 15, 2007

<u>Discharges</u>	<u>Due to Clinical Warehouse</u>	<u>Request Validation* Charts</u>	<u>Validation* Charts Due</u>	<u>Complete* Validation</u>
1Q-04 Jan-Mar 04	25-Aug-04	15-Sep-04	15-Oct-04	15-Dec-04
2Q-04 Apr-Jun 04	15-Nov-04	30-Nov-04	31-Dec-04	28-Feb-05
3Q-04 Jul-Sep 04	15-Feb-05	28-Feb-05	31-Mar-05	31-May-05
4Q-04 Oct-Dec 04	15-May-05	31-May-05	30-Jun-05	31-Aug-05
1Q-05 Jan-Mar 05	15-Aug-05	30-Aug-05	30-Sep-05	30-Nov-05
2Q-05 Apr-Jun 05	15-Nov-05	30-Nov-05	31-Dec-05	28-Feb-06
3Q-05 Jul-Sep05	15-Feb-06	28-Feb-06	31-Mar-06	31-May-06
4Q-04 Oct-Dec 05	15-May-06	30-May-06	30-Jun-06	31-Aug-06
1Q-06 Jan-Mar 06	15-Aug-06	30-Aug-06	30-Sep-06	30-Nov-06
2Q-06 Apr-Jun 06	15-Nov-06	30-Nov-06	31-Dec-06	28-Feb-07
3Q-06 Jul-Sep 06	15-Feb-06	28-Feb-07	31-Mar-07	31-May-07
4Q-06 Oct-Dec 06	15-May-06	30-May-07	30-Jun-07	31-Aug-07

*Dates are approximate

Hospital Authorization for Vendor Transmission to QIO Clinical Warehouse

TO: _____ (QIO Contact Name)
 _____ (QIO QualityNet Exchange Administrator)
 _____ (QIO Name)
 _____ (QIO Address)

FROM: _____ (Hospital Contact Name)
 _____ (CEO or Administrator)
 _____ (Hospital Name)
 _____ (Address)

SUBJECT: Authorization for Hospital-Collected Data Transmission into the QIO Clinical Warehouse.

The _____ (Hospital) authorizes _____, (JCAHO certified Performance Measurement System [PMS] or other third-party vendor), to transmit data on the following topic(s) beginning with the specified discharge dates by topic:

	<u>Discharge Date</u>	<u>Data Transmission Date</u>
Acute Myocardial Infarction	Start: _____	Start: _____
Heart Failure	Start: _____	Start: _____
Pneumonia	Start: _____	Start: _____
Surgical Infection Prevention	Start: _____	Start: _____

The Vendor information is as follows:

JCAHO PMS ID/Vendor # _____ Data Transmission Start Date: _____
 Organization Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____
 ZIP: _____
 Telephone: _____ Fax: _____

The PMS/vendor agrees to transmit data for all payers via QualityNet Exchange into the QIO Clinical Warehouse in the agreed-upon data format (XML format) provided by CMS. The data collected has also met the Centers for Medicaid & Medicare Services (CMS) standard abstraction protocols and transmission requirements. The PMS/vendor ensures that all of its data collection and transmission activities are in accordance with all Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements regarding security and privacy.

This authorization remains in effect for the specified PMS/vendor until the CEO/Administrator of the hospital notifies the QIO of any changes.

Authorized by: _____
 (Original Signature of administrator or CEO)

Print name: _____

Medicare Provider #: _____ Date Signed: _____

Sampling Methods

Introduction

Sampling is a process of selecting a representative part of a population in order to estimate the organization's performance, without collecting data for its entire population. Using a statistically valid sample, an organization can measure its performance in an effective and efficient manner. Sampling is a particularly useful technique for performance measures that require primary data collection from a source such as the medical record. Sampling should not be used unless the organization has a large number of cases in the measure set population because a fairly large number of sample cases is needed to achieve a representative sample of the population. For the purpose of sampling national quality measures, the terms "population", "sample", "effective sample", and "case" are defined as below:

- A "population" refers to all patients who share a common set of specified, administratively derived data elements. This may include ICD-9-CM diagnosis codes or other population characteristics such as age. For example, the population for the acute myocardial infarction (AMI) measure set includes all patients having a principal diagnosis of AMI from Appendix A, Table 1.1
- The "sample" is the fraction of the population that is selected for further study.
- "Effective sample" refers to that part of the sample that makes it into the denominator of a measure. This is defined as the sample for a measure minus all the exclusions and contraindications for that measure in that sample.
- A "case" refers to a single record (or an episode of care) within the population. For example, a health care organization may have 100 patients who experienced an AMI as the principal diagnosis in the first quarter. The organization's population would include 100 cases or 100 patient records for the AMI measure set in January.

To obtain statistically valid sample data, the sample size should be carefully determined and the sample cases should be randomly selected in such a way that the individual cases in the population have an equal chance of being selected. Only when the sample data truly represent the whole population can the sample-based performance measure data be meaningful and useful. The measurement system is responsible for ensuring that their sampling techniques are applied consistently.

Organizations collecting a sample of cases must meet the following sampling requirements.

1. Sampling Availability

Sampling is done by national quality measure set, except for Pregnancy. For measures that require medical record abstraction, sampling should be done using available databases that contain discharges by quarter, ICD-9-CM diagnosis codes, and other necessary administrative data. After determining sample cases for each measure set, the EOC level data elements are collected from medical records. The specific measure set sampling populations are defined below:

- Acute myocardial infarction (AMI) measure set: Patients with *ICD-9-CM Principal Diagnosis Codes* for AMI as defined in Appendix A, Table 1.1;
- Heart failure (HF) measure set: Patients with *ICD-9-CM Principal Diagnosis Codes* for HF as defined in Appendix A, Table 2.1;
- Pneumonia (PN) measure set: Patients with *ICD-9-CM Principal Diagnosis Codes* for pneumonia (PN) as defined in Appendix A, Table 3.1;
 - OR Patients with *ICD-9-CM Principal Diagnosis Codes* of Septicemia or Respiratory Failure as defined in Appendix A, Table 3.2 and Table 3.3 accompanied by an *ICD-9-CM Other Diagnosis Code* of PN as defined in Appendix A, Table 3.1;
- Pregnancy and Related Conditions (PR) measure set: The PR core measure set is unique in that samples are drawn from two distinct groups, mothers and babies.
 - Measures PR-1 and PR-3, include patients with a *ICD-9-CM Principal or Other Diagnosis Code* on one of the following Appendix A, Tables – 4.01, 4.02, 4.03, or 4.04.
 - Measure PR-2 includes all live born neonates that are less than 28 days old (*Discharge Date – Birth Date < 28 days*).
 - In order to take advantage of data collection efficiencies, one available sampling option for the PR core measure set is to collect data on the entire population for PR-1 and PR-3 (mother records), and select a sample for PR-2 (baby records). This option will allow organizations to reduce their data collection burden for PR-2, which may require some medical record abstraction, while encouraging 100% data collection for measures that may be derived entirely from administrative data sources (PR-1 and PR-3);
- Surgery Infection Prevention (SIP) measure set: Patients with *ICD-9-CM Principal and/or Other Procedure Codes* for SIP as defined in Appendix A, Table 5.01 to 5.08

Note: Health care organizations are NOT required to sample their data. For measure sets that can be derived entirely from administrative data (such as the PR set), it may be simpler to submit all cases. Similarly, if sampling offers minimal benefit (i.e., an organization has 80 cases for the quarter and must select a sample of 76 cases) the organization may choose to use all cases.

2. Sample Size Requirements

Organizations selecting sample cases for AMI, HF, PN and/or PR measure sets should ensure that its measure population(s) and effective sample size(s) meet the following conditions:

- *The effective sample size for a measure set is at least 35 cases per quarter; and*

- *The required sample size is at least 20% of the measure set population for the quarter (see Tables 1 through 4 for measure set specific sample size requirements).*

For organizations selecting sample cases for the Surgery Infection Prevention (SIP) measure set, an alternative sampling procedure is required. Organizations selecting sample cases for this set should ensure that each individual strata population and effective sample size meets the following conditions:

- *Case selection occurs within each of the seven individual strata (e.g. CABG, cardiac surgery, hip arthroplasty, etc.). The effective sample size within a strata is at least 10 cases per quarter; and*
- *The required sample size is at least 10% of the strata population for the quarter (see Table 5 for specific sample size requirements).*

An organization or measurement system may choose to use a larger sample size than is required. Organizations whose measure set population size is less than 60-78 cases per quarter, depending on the measure set, cannot sample for that measure set.

Note: Measurement systems should monitor health care organization samples to ensure that sampling procedures consistently produce statistically valid and useful data. Because the sample for a measurement set will rarely be equal to the effective sample due to exclusions and contraindications, organizations selecting sample cases should over-sample their population to obtain an adequate effective sample size. The over-sample rate will differ for the different measurement sets because the rate of exclusions and contraindications vary between sets. The following sample size tables for each of the measurement sets automatically build in this over-sample rate to obtain the required sample sizes. These over-sample rates are based on a national data base reflecting experience collected over an eighteen month reporting period. The number of cases sampled will be routinely monitored to determine whether it is sufficient.

Table 1: Sample Size Based on Population Size for the Acute Myocardial Infarction (AMI) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1556	311
387 – 1555	20% of population size
78 – 386	78
< 78	No sampling; 100% population required

Table 2: Sample Size Based on Population Size for the Heart Failure (HF) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1522	304
379 – 1521	20% of population size
76 – 378	76
< 76	No sampling; 100% population required

Table 3: Sample Size Based on Population Size for the Pneumonia (PN) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1207	241
300 – 1206	20% of population size
60 – 299	60
< 60	No sampling; 100% population required

Table 4: Sample Size Based on Population Size for the Pregnancy and Related Conditions (PR) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Population Size "N"	Minimum Required Sample Size "n"
≥ 1250	250
311 – 1249	20% of population size
62 – 310	62
< 62	No sampling; 100% population required

Table 5: Sample Size Based on Population Size for the Surgery Infection Prevention (SIP) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Strata Population Size "N"	Minimum Required Strata Sample Size "n"
≥ 350	35
121 – 349	10% of population size
12-120	12
< 12	No sampling; 100% population required

Sample Size Examples

- An organization using AMI measures has 100 AMI discharges during the fourth quarter. Using Table 1, the sample size is seen to be a minimum of 78 AMI patients for this quarter.
- An organization's population size for the PN measure set is 2,400 PN discharges during the first quarter. Twenty percent of 2400 equals 480 pneumonia patients -- which exceeds the maximum sample size condition given in Table 3 (i.e., 241); thus, the required sample size would be at least 241 pneumonia patients for that quarter.
- The HF measure set population size for an organization has been 500 patients per quarter during the past year. The required sample size using Table 2 would be 100 (20% of 500) heart failure patients per quarter - - as this number is smaller than the maximum condition (i.e., 304 cases) and larger than the minimum condition (i.e., 76 cases).

- The SIP measure set population sizes for an organization is 5, 50, 15, 140, 35, 60, and 120 respectively patients per quarter respectively for the seven strata. The required sample sizes using Table 5 would be 5, 12, 12, 14, 12, 12, and 12 respectively for the seven strata.

3. Sampling Approaches

Simple random sampling or systematic random sampling must be used.

- Simple random sampling - selecting a sample size (n) from a population of size (N) in such a way that every possible sample of size n has the same chance of being selected.
- Systematic random sampling - selecting every k^{th} record from a population of size N in such a way that a sample size of n is obtained, where $k \leq N/n$. The first sample record (i.e., the starting point) must be randomly selected before taking every k^{th} record. This is a two-step process:
 - a) Randomly select the starting point by choosing a number between one and k using a table of random numbers or a computer-generated random number; and
 - b) Then select every k^{th} record thereafter until the selection of the sample size is completed.

To ensure that the sampled data represent the health care organization's measure set population, sampling techniques are determined by the measurement system using simple or systematic random sampling methods. The measurement system is responsible for ensuring that the chosen sampling techniques are applied consistently across participating health care organizations.

Sampling Approach Examples

For an organization with a measure set population size of 350 heart failure (HF) discharges per quarter, the sample size would be 78. To select a random sample of 78 HF patients:

- Simple random sampling:
 1. Generate random numbers for individual HF patient records from a random number function using a statistical software package or computer programming language.
 2. Sort data by the random numbers either in an increasing or decreasing order.
 3. Select the first 78 HF patient records as the random sample.
- Systematic random sampling:
 1. In this example, the organization's measure set population size= 350 and the sample size = 78. Divide the population size by the sample size and take the quotient (i.e., the integer portion) as the sampling interval k . The sampling interval $k = 350/78 =$

4.5. Thus, every 4th HF patient record will be selected from the measure population until 78 cases are selected.

2. To ensure that each HF patient has an equal chance of being selected, the “starting point” must be randomly determined before selecting every 4th HF patient record. This can be done using a computer random number generator or a random number table to randomly choose a number between 1 and 4 as the starting point.

Note: Measurement systems must transmit two data elements, *Sample* and *ICD Population Size* for measure data transmission. The *Sample* data element indicates if the data being transmitted for a health care organization have been sampled, or whether the entire population was used for the specified time period. The *ICD Population Size* data element indicates the measure population size, prior to the application of data integrity filters, measure exclusions, or the application of the measure set common logic and/or sampling. Please refer to the *ORYX[®] Technical Implementation Guide* for more information about transmission data elements.

Example:

A hospital uses AMI ICD-9-CM Principal Diagnosis Codes (as listed in Appendix A, Table 1.1) to identify 120 AMI cases during the second quarter. From these 120 cases, the hospital randomly selects a sample of 78 cases. Data for these 78 cases are collected and sent to the measurement system and are then used to calculate the hospital’s rate for each AMI measure. During data transmission to the Joint Commission, the measurement system would transmit “Y” in the *Sample* field since the data being transmitted represent a sample of the entire population and “120” in the *ICD Population Size* field since this represents the total number of cases that were eligible to be included in the measure population.

Data Element Name:	<i>Pneumonia Working Diagnosis on Admission</i>
Collected For:	All PN Measures
Definition:	Physician documentation of the diagnosis of pneumonia written before or at admission. Pneumonia need not be the primary or only diagnosis, but mentioned as suspected, rule out, etc., at any time from arrival through admission to the hospital. The phrase “doubt pneumonia” is not considered a working diagnosis.
Suggested Data Collection Question:	Was pneumonia a working diagnosis on admission?
Format:	Length: 1 Type: Alphanumeric Occurs: 1
Allowable Values:	Y (Yes) There is physician/nurse practitioner/physician assistant documentation that pneumonia was a working diagnosis at the time of admission. N (No) There is no physician/nurse practitioner/physician assistant documentation that pneumonia was a working diagnosis at the time of admission.
Notes for Abstraction:	<ul style="list-style-type: none">• Do not include information from consultation notes, history and physical, or physician admit notes written later than admission, even if dated the day of, or the day after admission, unless the patient was a direct admit. EXCEPTION: If documentation is written later than admission but refers to events that led to the working diagnosis of pneumonia while the patient was in the ED, this documentation can be used.• Working diagnosis of pneumonia cannot be taken from the discharge summary, coding or billing documents or face sheet.• If the only documentation of pneumonia is an admission order for “chest x-ray to R/O pneumonia,” this is not sufficient documentation to be considered a working diagnosis of pneumonia on admission.• Only use consultation notes if they are documented as completed in the emergency department, unless the patient was a direct admit.

Notes for Abstraction continued:

- If the consultation note is written after the patient has been transferred from the emergency department, this may not be used as a data source. If unable to determine if the note was written in the emergency department or after admission, do not use this as a source.
- Include “infiltrate” only when documented as an admission impression or diagnosis.
- Do not include “infiltrate” if the only mention is in the body of the ED note or body of the H&P without inclusion in the final impression listing working diagnosis on admission.
- Do not use a “check-off” list for working diagnosis unless there is documentation the form was completed by a physician/nurse practitioner/physician assistant.
- Do not include aspiration pneumonia or any pneumonia caused by chemical agents or medications.
- For direct admits, documentation the day of and the day after admission may be used, however, the earliest diagnosis (or set of diagnoses) the admitting physician documents is the only diagnosis that should be used, i.e., the patient is a direct admit at 1100, at 1820, the admitting physician documents COPD, shortness of breath and CHF, then comes in the next morning and makes a diagnosis of PN. This is **not** a working diagnosis, as COPD, shortness of breath and CHF are the earliest diagnosis of the admitting physician.
- A direct admit is a patient who is admitted from their usual place of residence (i.e., home, nursing home, assisted living center, etc.) and, upon direction of a physician, has an admission order to be directly admitted to a floor/unit. A direct admit is **not** a transfer from another inpatient facility or a patient that has been seen in the emergency department.
- For observation patients, a working diagnosis of pneumonia must be suspected, any time from hospital arrival to the point of admission to observation

Suggested Data Sources:

PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT DOCUMENTATION ONLY

- Admitting physician orders
 - Admitting notes
 - Consultation notes
 - Emergency department record
 - Emergency room consultation
- History and physical
 - Physician admission note

Guidelines for Abstraction:

Inclusion	Exclusion
<ul style="list-style-type: none">• Initial impression• Need to evaluate for• Pneumonitis• Possible• Probable• Questionable• Rule/out pneumonia• Suspected	<ul style="list-style-type: none">• Doubt pneumonia• Pneumonia that is diagnosed during the stay but not an admission working diagnosis• Respiratory problems without mention of pneumonia

QIO Clinical Warehouse Case Status Summary

Provider ID: 120883 121306
 Discharge Date Range: 01/01/2003 - 06/01/2004
 Topic ID: All
 Submitter: All

120883 Acute4 HI

Topic	Cases Submitted to Clinical Warehouse ¹	Cases Accepted into Clinical Warehouse ²	Cases Rejected ³
Acute Myocardial Infarction	83	82	1
Heart Failure	66	66	0
Pneumonia	110	106	4
Surgical Infection Prevention	17	17	0

1. Unique Cases (patient medical records) that were abstracted and submitted to the QIO Clinical Warehouse.
2. Cases (medical records) that met the first level of criteria and information are stored in the QIO Clinical Warehouse. Note: if a case (medical record) is resubmitted this value may change.
3. Cases (medical records) that DID NOT meet the first level of criteria and information are NOT stored in the QIO Clinical Warehouse. For Specific information on this case detail please see the QIO Clinical Warehouse Data Submission Detail Report. Note: If a case (medical record) is resubmitted this value may change.

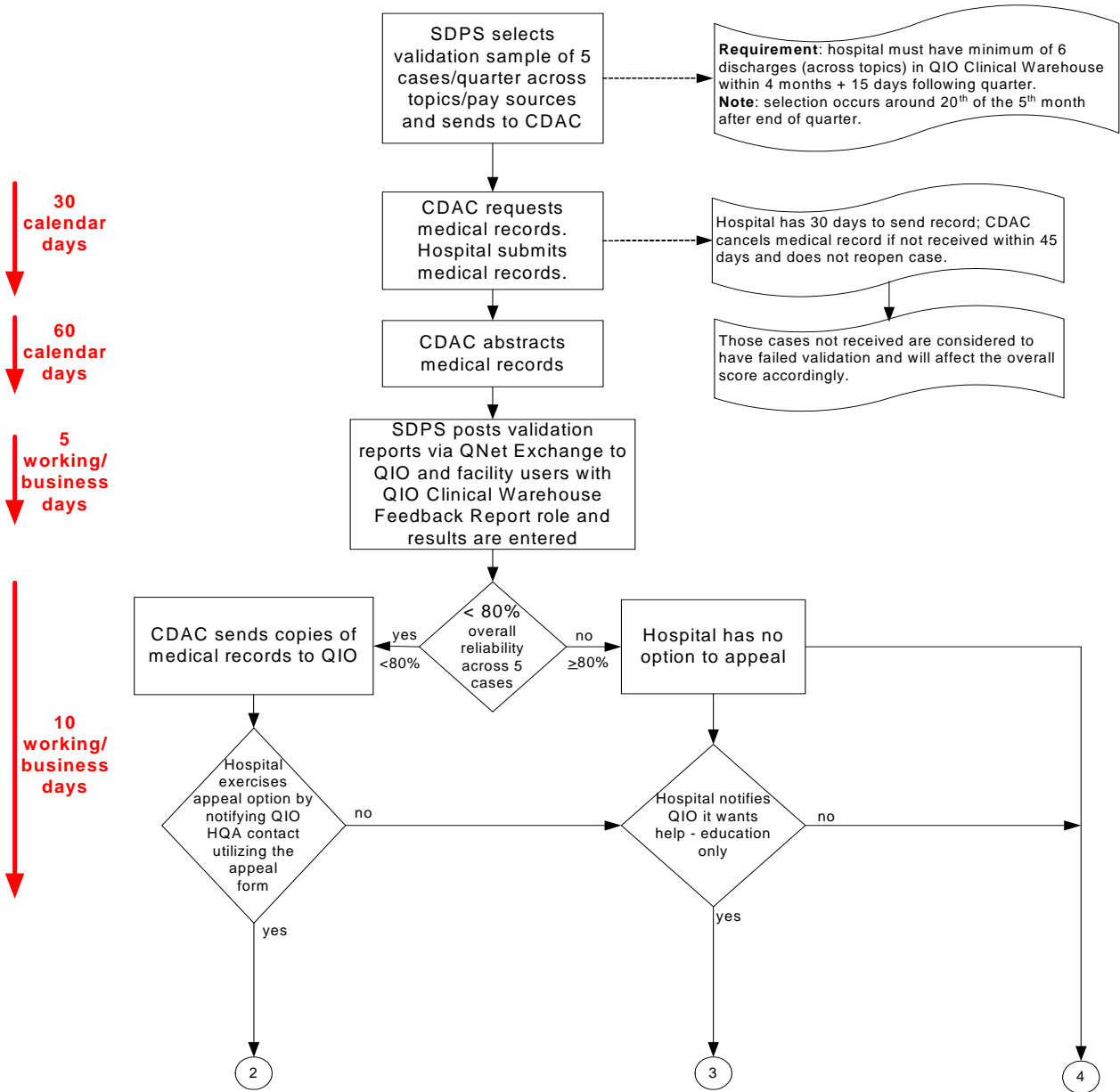
QIO Clinical Warehouse Data Submission Detail

Provider ID: 120883 121306
 Discharge Date Range: 01/01/2003 - 06/01/2004
 Topic ID: All
 Upload Provider ID: All

Batch Id	Discharge Date	Admit Date	Submission Date	Status	Submitter Name
120883 Acute4 HI					
Topic: AMI					
Patient ID: 001368106X Patient ID Type: OTHER					
1513518	05/01/2003	04/30/2003	01/21/2004	Accepted	Acute4
Patient ID: 001488388X Patient ID Type: OTHER					
1513518	04/01/2003	03/28/2003	01/21/2004	Accepted	Acute4
Patient ID: 006140411X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 006236673X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 013140738X Patient ID Type: OTHER					
1513518	10/01/2003	09/27/2003	01/21/2004	Accepted	Acute4
Patient ID: 043091000X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 048641980X Patient ID Type: OTHER					
1513314	05/19/2003	05/15/2003	12/24/2003	Accepted	Acute4
1513322	05/19/2003	05/15/2003	12/29/2003	Accepted	Acute4
1513384	05/19/2003	05/15/2003	01/05/2004	Accepted	Acute4
Patient ID: 061821104X Patient ID Type: OTHER					
1514976	01/01/2003	12/28/2002	04/01/2004	Accepted	Acute4
Patient ID: 078315199X Patient ID Type: OTHER					
1513518	03/01/2003	02/28/2003	01/21/2004	Accepted	Acute4
Patient ID: 093493522X Patient ID Type: OTHER					
1513314	05/16/2003	05/15/2003	12/24/2003	Accepted	Acute4
1513322	05/16/2003	05/15/2003	12/29/2003	Accepted	Acute4
1513384	05/16/2003	05/15/2003	01/05/2004	Accepted	Acute4
Patient ID: 103071094 Patient ID Type: CID					
1513314	05/17/2003	05/15/2003	12/24/2003	Accepted	Acute4
1513322	05/17/2003	05/15/2003	12/29/2003	Accepted	Acute4
1513384	05/17/2003	05/15/2003	01/05/2004	Accepted	Acute4

Hospital Data Validation Process

Hospital Process

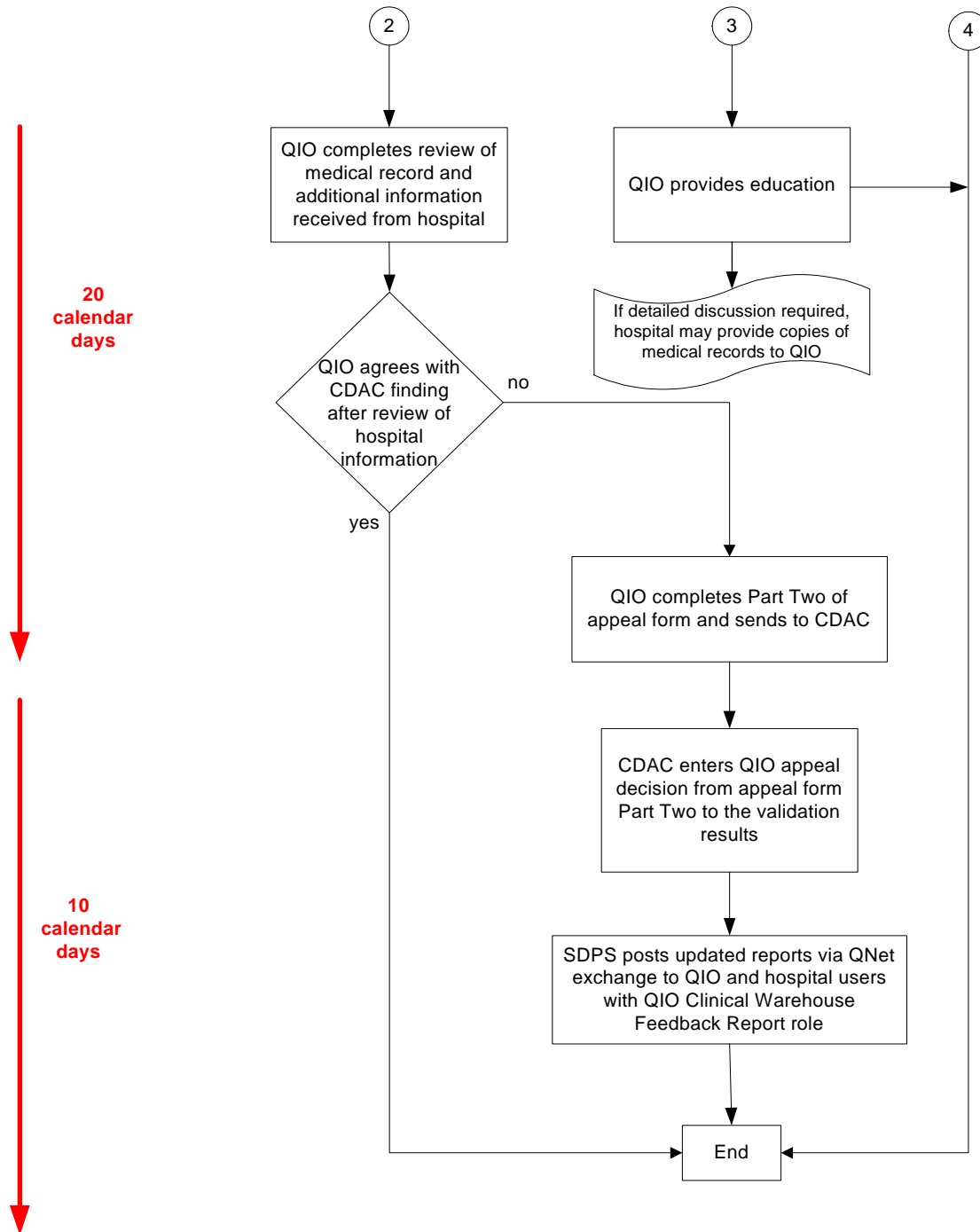


Acronym Key:
 CDAC - Clinical Data Abstraction Center
 HQA - Hospital Quality Alliance
 QIO - Quality Improvement Organization
 QNet Exchange - QualityNet Exchange
 SDPS - Standard Data Processing System

Hospital Data Validation Process
 Hospital Process Flow
 Effective with: Discharges 07/01/2004 and Forward

Hospital Data Validation Process

Hospital Process





CDAC Abstraction Cover Sheet

CSC York Document ID

1234568



Project Abbrev: MI7CMS0311V

Module: CART AMI 7th SOW

Project Name: MI7 National Validation Sample (8/03 pull)

Patient Name: Smith, Susie

Admission Date: 03/23/2003

Discharge Date: 03/31/2003

Date of Birth: 10/11/1912

Patient ID: 987654

(The Patient ID type displayed above will reflect the ID type submitted by the provider.)

Customer Identification Number

XX1234567891



To be completed by Provider: 123456

Total number of pages: _____

CART Abstraction Tool Case ID

1234567



Hospital Validation: Case Selection

Provider ID(s): 121316 640001 650001 120883 121306 120006 120016 120005 120012 121304 ...

Discharge Timeframe(s): [08/03-12/03] [01/03-01/03] [01/03-06/03]

120883 - ACUTE4 BUSINESS/CURRENT, AK

Validation Discharge Date Timeframe: 08/03 - 12/03

Case Selection Date: 12/03

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CID	Other ID	Submit to CDAC by	Records Received
AMI	131, a	09/27/1918	09/27/2003	10/01/2003		013140738X		013140738X	N/A	N
PNE	Helms, Dorothy	08/26/1918	08/26/2003	09/01/2003	426959813	426959813X			N/A	N
HF	050651, HF	04/01/1929	09/04/2003	09/04/2003		677660465X			N/A	N
HF	BYB, BYB	10/31/1918	10/31/2003	11/01/2003		282127679X		282127679X	N/A	N
HF	BYB, BYB	09/30/1918	09/30/2003	10/01/2003		248312593X		248312593X	N/A	N

Validation Discharge Date Timeframe: 01/03 - 06/03

Case Selection Date: 12/03

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CID	Other ID	Submit to CDAC by	Records Received
PNE	Matthews, Leslie	06/26/1946	05/15/2003	05/17/2003	091436923	091436923X			N/A	N
PNE	Smith, Debbie	12/26/1980	12/26/2002	01/01/2003	835609257	835609257X			N/A	N
SIP	smith, valerie	12/29/1937	12/29/2002	01/01/2003	164522887	164522887X			N/A	N
HF	BYB, BYB	04/07/1938	05/15/2003	05/16/2003		721854567X		721854567X	N/A	N
PNE	p53, p53	12/19/1980	12/19/2002	01/01/2003	537199259	537199259X	1	537199259X	N/A	N

121306 - CAH2 WIKI WAKI WU, HI

Validation Discharge Date Timeframe: 08/03 - 12/03

Case Selection Date: 12/03

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CID	Other ID	Submit to CDAC by	Records Received
PNE	Smith, Debbie	11/26/1933	09/25/2003	10/01/2003	866721511	866721511X			N/A	N
SIP	28, s	08/24/1938	08/24/2003	09/01/2003	249639452	249639452X		249639452X	N/A	N
SIP	320, s	10/30/1938	10/30/2003	11/01/2003	767032504	767032504X		767032504X	N/A	N
HF	qrs, qrs	06/10/1926	10/23/2003	11/01/2003		888976276X		888976276X	N/A	N
PNE	p53, p53	06/27/1921	07/19/2003	08/01/2003	423369825	423369825X	1	423369825X	N/A	N

Validation Discharge Date Timeframe: 01/03 - 06/03

Case Selection Date: 12/03

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CID	Other ID	Submit to CDAC by	Records Received
AMI	69, 69	03/26/1940	04/11/2003	04/15/2003		144038022X		144038022X	N/A	N

Hospital Validation: Case Selection

Provider ID(s): 121316 640001 650001 120883 121306 120006 120016 120005 120012 121304 ...

Discharge Timeframe(s): [08/03-12/03] [01/03-01/03] [01/03-06/03]

121306 - CAH2 WIKI WAKI WU, HI

Validation Discharge Date Timeframe: 01/03 - 06/03

Case Selection Date: 12/03

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CID	Other ID	Submit to CDAC by	Records Received
SIP	34, s	01/30/1938	01/30/2003	02/01/2003	680805027	680805027X		680805027X	N/A	N
SIP	319, s	01/24/1938	01/24/2003	02/01/2003	522913873	522913873X		522913873X	N/A	N
AMI	sts, sts	01/22/1927	04/15/2003	04/15/2003		729740143X		729740143X	N/A	N
HF	non, non	08/11/1930	12/26/2002	01/01/2003		193791747X		193791747X	N/A	N

121316 - CONVERT1 BUSINESS/CURRENT, CA

Validation Discharge Date Timeframe: 01/03 - 01/03

Case Selection Date: 12/03

Topic	Patient Name	DOB	Admit Date	Discharge Date	SSN	HIC	CID	Other ID	Submit to CDAC by	Records Received
PNE	Woods, Michelle	04/16/1958	01/01/2003	01/06/2003	651530981	651530981X			N/A	N
HF	MTM, MTM	07/03/1936	01/01/2003	01/06/2003		995234072X		995234072X	N/A	N
HF	OCC, OCC	03/25/1950	01/01/2003	01/06/2003		274029255X		274029255X	N/A	N
HF	GGG, GGG	08/18/1930	01/01/2003	01/06/2003	665336191	665336191X		665336191X	N/A	N
HF	MMM, MMM	10/18/1926	01/01/2003	01/06/2003		275929749X		275929749X	N/A	N