



Inpatient Quality Reporting Program

Support Contractor

Introduction to Inpatient Quality Reporting Program PM Questions and Answers

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Bergen Regional Medical Center

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2:00 p.m. ET

Question 1: Based on the IPPS Final Rules changes, when will the next release notes for 2015 be published to QualityNet?

Answer 1: The addendum for the 1/1/2015 Specifications Manual, which will include changes related to the Final Rule, will be posted to QualityNet on October 31, 2014.

Question 2: We are still waiting for our 4Q13 IQR validation results. The charts were sent to CDAC and signed for on 6/17/14. We have already sent our 1Q14 charts and the 2Q14 HAI template. Do you have any idea when we will receive our results?

Answer 2: Please contact the validation support contractor at validation@hcqis.org for assistance with your question.

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Question 3: Where do we find the list of codes or ICD-9 that identify the measures reported for PSI?

Answer 3: http://www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec.aspx

Question 4: My question was not answered during the call. Where can we turn to for abstracting assistance and specification manual interpretation?

Answer 4: http://www.qualityindicators.ahrq.gov/FAQs_Support/

Question 5: Question for Angela: How big is the quality department and what roles are included in that department?

Answer 5: Oh, well, we have about 25 employees. Not all of them are doing quality per se. That includes 14 case managers, an appeals coordinator, and several people like that. I would have to say for quality per se, we only have about five to six people. Five-and-a-half; we have a part-timer.

Answer 5: Right. Well, at Delta, we're only about 325 beds, so if you look at us compared to Kathleen, we're probably going to be just about in line. I'm the Director of Quality, and I have two core measure or quality abstractors who work under me. But, as Kathleen said, if it weren't for the team really helping out, the directors really being engaged, those Tuesday 2:00 meetings – I know that when I go to those meetings, they're going to give me work to do but they know that I'm also going to be asking questions and really looking to see where we're going from a quality perspective. They will also, they will keep things and bring them out in the core measure meeting just so that everyone around the table can have a discussion. The Med-Surg, Neuro, Nurse Manager will wait until we're in that venue. She may have discussed something with me previously, but she'll wait until that venue really to vet it among her peers.

So, we have a smaller department here at Delta, but it really is a team effort here to make sure we're all on board with delivering the highest quality care we can for our patients.

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Question 6: For Bergen, were there metrics outside of the PSI measures that were used to identify which of the organizational culture improvement efforts were most effective.

Answer 6: Well, of course we did use the AHRQ survey that we originally gave and found our issues. We resubmitted that to our employees, and we did find quite an improvement after all our activities. And of course, we looked at all our patient safety indicators – fall rate, we have a very big behavioral health department, we have over 324 behavioral health beds, so violence is very important to us. So, anything that had to do with patient safety, we watch that very carefully to see if our activities were impacting it.

Question 7: Kathleen: Did your organization retake the Safety Culture survey yet? I'm curious whether the scores on that survey improved along with the PSI 90 index.

Answer 7: Yes, as I said in the previous question, we did redo the survey, and we did see improvements, particularly in the three indicators that we were focusing on.

Question 8: Did you work with your coding specialists regarding accidental operation laceration?

Answer 8: We get a listing from our medical records department, from the coders, of all these complications that are included. So, we do review them and if we have an issue, we will discuss it with the coders. But they are pretty good, I don't think we had too many of them.

Question 9: We are having issues with compression devices, documentation and usage. Does anyone place SCDs on all patients?

Answer 9: Gosh, that's a great question, and it's a struggle for us as well. We do have an electronic medical record that is whole-house, so we have the opportunity for the consistency there. We do not place SCDs on every patient. We do allow the physician the options of TED or SCDs, or graduated compression stockings or the SCDs, in their power plans. So, they can select in the power plans which they prefer. One thing that we do often run out of are the number of SCD devices needed to meet the demand, and so if all SCD

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devices are in use we do fall back to the graduated compression stockings, if applicable for the patient. So, we do – I understand that frustration with SCDs and graduated compression stockings, but I don't know that it's reasonable to place SCDs on every patient that comes into the facility. It wasn't for us, anyway.

Answer 9: Yes, we also don't require them on all patients. We did run into some problems with nursing documentation with it. It is on our electronic medical record, and it took a lot of reinforcement to get the nursing staff to remember to document when they were on patients. But no, we don't require them on all patients.

Question 10: Did either of the hospitals use the AHRQ toolkits to help with improvement? If so, how?

Answer 10: Well, obviously we use their survey, and we did use their tool kit. They give suggestions on how to improve things, so we actually used that to make sure that we had all the improvement activities in place.

Answer 10: We did use the AHRQ tool kit as a reference guide, or as a resource, while looking at our improvements. We also have a partnership with a third-party company that's wonderful with resources, that also allowed us to use some blueprints that they had in order to really mirror and look at our practices and how we could improve there.

Question 11: Do either of you have a best practice alert incorporated in electronic medical record for sepsis?

Answer 11: You know, I would love to have one. I was hoping you were going to ask about VTE and DBTs and things, because we do have an alert that fires to the physician based on those. But, sepsis is – we have worked on sepsis as an alert system within the electronic medical record, and it is one of those rules or custom built that is so monstrous, it takes a while to get it right. We are working toward it, but we don't have it operational yet.

Answer 11: And at Bergen, we're kind of in the same place. We would love to have it, but I know our IT people are having difficulty building them.

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They evidently are very tedious on the IT side. So, hopefully someday we'll be able to say that.

Questions 12: Regarding the concurrent abstraction – where do your abstractors keep their information while waiting for your vendors to receive your patient population?

Answer 12: Our abstractors complete the abstraction tool in an electronic format based off of a daily admission census report. The tools are saved in folders by measure on a network drive. As the chart progresses through the abstraction/treatment/coding process, they will remove the electronic tools from the folder of those patients ruled out of the population. The information is then reviewed once we receive the population sampling from the vendor. This process casts a large net but also prevents us from missing patients that may go overlooked.

Question 13: Do you have a formal sepsis program? If so, how is it structured? Does it include a team that meets regularly? If so what are the functions of the team?

Answer 13: We do not have a formal sepsis program. We are fortunate to have a group of physicians, pharmacokineticists, and infection disease providers willing to work together. We use a standardized Sepsis power plan (order set) that allows the physicians to hit the standard of care measures.

Question 14: What reports are run that alert you to a patient falling into one of the PSI measures.

Answer 14: Our EMR allows us to run reports based on admitting diagnosis, reason for visit, and/or coded diagnoses. We use these in conjunction with our event reporting system to stay abreast of patients within the PSI measures. We also cross reference with the Core Measures populations for SCIP, VTE, and Pneumonia as applicable.

Question 15: Can we get an example of the “Eyes on Quality” newsletter from Bergen?

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Answer 15: Yes. Bergen Regional Medical Center supplied us with a copy of an issue of the “Eyes on Quality” newsletter and it is posted as a separate document with the Q&A documents, slide handouts, and transcript.

Question 16: When we do receive a response from the QualityNet Q&A tool, the response does not address the question, and refers the user back to the Specifications Manual. Obviously, the Specifications Manual was not helpful in answering the question. Please advise.

Answer 16: Thank you for the inquiry. Mathematica is working to address the backlog of questions that accumulated this summer due to a lapse in contract coverage. We are currently conducting analyses to identify common questions and develop responses to be posted in the QualityNet Q&A tool. We appreciate your feedback regarding the clarity of the Specifications Manual and will be working over the next several months to collect additional feedback in order to improve the documentation.

Question 17: Is it possible to obtain contact info for the presenters to "share" ideas or concepts for improvement.

Answer 17: Yes. The contact e-mails for both of our guest hospital speakers are listed below:

Bergen Regional Medical Center: Kathleen Divers
KDivers@bergenregional.com

Delta Regional Medical Center: Angela Parkinson
AParkinson@deltaregional.com

Question 18: Who is doing the Right Now answers for Outpatient?

Answer 18: Mathematica’s team is responsible for responding to questions under their measures maintenance contract for the following outpatient measures: OP-1 through OP-7, OP-17 and OP-18, OP-20 through OP-23, OP-25 and OP-26, OP-29 and OP-30.

Question 19: Question to Angela: Who are the members/attendees of your Patient Safety Committee?

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Answer 19: Thank you. Our Patient Safety Committee is made up of an interdisciplinary group that contains our front line, some front line staff, director staff is involved, quality, nursing administration, senior administration, and then the information from there is rolled to our quality committee which has physician participation at that level. We also share a staff with laboratory, radiology, and several other therapies involved in that committee.

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