



Health Care Quality Performance Measurement and Reporting Program (HCQP)

HOSPITAL SUBCOMMITTEE

October 27, 2008, 3-4:30pm
HEALTH, Room 401

Goals/Objectives

- To discuss the pressure ulcer (PrU) incidence measure specifications, data collection process, and timeline with Dr. Gifford

Invitees

✓ Rosa Baier	✓ Elaine Desmarais	✓ Linda Rowey
✓ Christine Baufois	✓ Denise Henry	✓ Barbara Seagraves
✓ Kerri Boyle	✓ Carol Lamoureux	✓ Michele Mahan Smith
✓ Dolores Cohen	✓ Susan Lasalle	✓ Anne Stepka
✓ Donna Collins	✓ George Levesque	✓ Barbara Stewart
✓ Margaret Cornell	✓ Debra Panizza	✓ Angela Quarter
✓ Pam DiMascio	✓ Gina Rocha	✓ Sam Viner-Brown

Time

Topic/Notes

- 3:05pm **Welcome & Updates**
Samara Viner-Brown (*Chair*)
- Sam opened the meeting, described the meeting objectives, and provided several updates on the hospital-related public reporting:
 - The HAI Subcommittee met for the first time on October 20th and will meet again at 8am on November 3rd in Room 401 at HEALTH. The meetings are open to the public and members of this Subcommittee are welcome to attend. Agendas and minutes will be posted to the Rhode Island Open Meetings Website: <http://www.sec.state.ri.us/pubinfo/openmeetings/>
 - All hospitals should have collected pressure ulcer process measure data on a single day during the week of October 20th. Program staff sent a data collection reminder.
 - **Action item:** Program staff will send a data entry reminder prior to November 15th.
- 3:10pm **PrU Incidence Measure**
David Gifford, MD, MPH
- Rosa provided a brief recap of the three incidence measure methods discussed at the

Time	Topic/Notes
	<p>September 22nd meeting, including using:</p> <ol style="list-style-type: none"> 1. The present on admission (POA) indicator and administrative data to determine whether or not any ulcers occurred during the patient’s hospitalization; 2. Primary data collection at admission and discharge to mimic the above methodology, without relying on administrative data (and simultaneously helping to determine the administrative data’s accuracy); or 3. Primary data collection at two points in time: (1) a single day for all patients meeting eligibility criteria, followed by (2) a day that coincides with the mean length of stay in each patient’s particular unit. <ul style="list-style-type: none"> – Previously, the Subcommittee weighed the data collection burden against the quality improvement utility and recommended option #3. Although this was likely the most resource-intensive option, meeting participants felt it provided the most valuable data. – At that meeting, participants expressed an interest in speaking to Dr. Gifford about the expected timeframe for reporting these data. Today’s meeting was scheduled based on Dr. Gifford’s availability. – Subsequent to the last meeting, the hospitals reviewed their POA data, met with HARI, and recommended switching to option #1, and using the following measure inclusion/exclusion criteria from AHRQ (included as an attachment with the minutes): http://www.qualityindicators.ahrq.gov/downloads/psi/psi_technical_specs_v32.pdf <p>Using the POA data will reduce the data collection burden for hospitals and increase alignment with CMS reporting and the 9th Scope of Work. Hearing no dissent at today’s meeting, this will be the new recommendation.</p> <ul style="list-style-type: none"> – According to Dr. Gifford, the timeline for reporting the proposed incidence measure will depend on the number of patients who meet the inclusion/exclusion criteria, and how long it will take to accrue a large enough denominator in each hospital for public reporting. If there are sufficient numbers to report in less than 6 months, there may be an opportunity for a pilot phase; if it will take longer than 6 months, there will not be a pilot phase. – The meeting with HARI also resulted in a recommendation to cease collecting pressure ulcer process measure data once the incidence measure data is collected and reported. Hospitals have been collecting this information periodically (5 times) since October 2007, and have now collected one data point for public reporting (October 2008). Previously, the Subcommittee recommended reporting data from October 2008, January 2009, and April 2009 in a May 2009 report. – Action items: <ul style="list-style-type: none"> • Program staff will present the new PrU process and incidence measure recommendations to the Steering Committee for approval on November 17th. • Program staff will use the Hospital Discharge Data Set to estimate the number of patients that meet the AHRQ inclusion/exclusion criterion to limit the measure to patients with lengths of stay >5 days. • At the hospitals’ request, HEALTH will require submission of POA into the Hospital Discharge Data Set. (This will ensure that vendors include this field at no cost.)
4:10pm	<p>Adjourn Samara Viner-Brown</p> <ul style="list-style-type: none"> – Sam adjourned the meeting early.

Death in Low-Mortality DRGs (PSI 2)

- 427 NEUROSES EXCEPT DEPRESSIVE
- 428 DISORDERS OF PERSONALITY & IMPULSE CONTROL
- 430 PSYCHOSES
- 431 CHILDHOOD MENTAL DISORDERS
- 432 OTHER MENTAL DISORDER DIAGNOSES
- 433 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
- 434 ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC
- 435 ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT WO CC
- 436 ALC/DRUG DEPENDENCE W REHABILITATION THERAPY (NO LONGER
- 437 ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY (NO
- 439 SKIN GRAFTS FOR INJURIES
- 441 HAND PROCEDURES FOR INJURIES
- 447 ALLERGIC REACTIONS AGE >17
- 471 BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMI
- 491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTR
- 496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
- 497 SPINAL FUSION EXCEPT CERVICAL W CC OCT06
- 498 SPINAL FUSION EXCEPT CERVICAL WO CC OCT06
- 499 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
- 500 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WO CC
- 503 KNEE PROCEDURES WO PDX OF INFECTION
- 517 PERC CARDIO PROC W NON-DRUG ELUTING STENT WO AMI
- 518 PERC CARDIO PROC WO CORONARY ARTERY STENT OR AMI OCT06
- 521 ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
- 522 ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY WO CC
- 523 ALC/DRUG ABUSE OR DEPEND WO REHABILITATION THERAPY WO CC
- 524 TRANSIENT ISCHEMIA
- 527 PERCUTNEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT WO A
- 536 CARDIAC DEFIB IMPLANT W CARDIAC CATH WO AMI/HF/SHOCK

Exclude patients with any code for trauma, immunocompromised state, or cancer.

See [Appendix C: ICD-9-CM Trauma Diagnosis Codes](#)

See [Appendix D: ICD-9-CM Codes for Immunocompromised States](#)

See [Appendix E: Cancer Codes](#)

Control-click (Word) or click (PDF) to view the Appendix. Links are provided to return to the PSI Detailed Definition.

Decubitus Ulcer (PSI 3)

Numerator:

Discharges with ICD-9-CM code of decubitus ulcer in any secondary diagnosis field among cases meeting the inclusion and exclusion rules for the denominator.

ICD-9-CM Decubitus Ulcer Diagnosis Codes:

- 7070* DECUBITUS ULCER
- 70700 DECUBITUS ULCER SITE NOS (OCT 04)
- 70701 DECUBITUS ULCER, ELBOW (OCT 04)
- 70702 DECUBITUS ULCER, UP BACK (OCT 04)
- 70703 DECUBITUS ULCER, LOW BACK (OCT 04)
- 70704 DECUBITUS ULCER, HIP (OCT 04)
- 70705 DECUBITUS ULCER, BUTTOCK (OCT 04)
- 70706 DECUBITUS ULCER, ANKLE (OCT 04)
- 70707 DECUBITUS ULCER, HEEL (OCT 04)

Decubitus Ulcer (PSI 3)

70709 DECUBITUS ULCER, SITE NEC (OCT 04)

*No longer valid in FY2005

Denominator:

All medical and surgical discharges age 18 years and older defined by specific DRGs.

See [Appendix B: Surgical Discharge DRGs](#)

See [Appendix F: Medical Discharge DRGs](#)

Control-click (Word) or click (PDF) to view the Appendix. Links are provided to return to the PSI Detailed Definition.

Exclude cases:

- with length of stay of less than 5 days
- with preexisting condition of decubitus ulcer (see Numerator) (primary diagnosis or secondary diagnosis present on admission, if known)
- MDC 9 (Skin, Subcutaneous Tissue, and Breast)
- MDC 14 (pregnancy, childbirth, and puerperium)
- with any diagnosis of hemiplegia, paraplegia, or quadriplegia
- with ICD-9-CM code of spina bifida or anoxic brain damage
- with an ICD-9-CM procedure code for debridement or pedicle graft **before or on the same day** as the major operating room procedure (surgical cases only)
- admitted from a long-term care facility (SID Admission Source=3)
- transferred from an acute care facility (SID Admission Source=2)

See [Appendix A: Operating Room Procedure Codes](#)

Control-click (Word) or click (PDF) to view the Appendix. Links are provided to return to the PSI Detailed Definition.

ICD-9-CM Hemiplegia, Paraplegia, or Quadriplegia diagnosis codes (includes 4th and 5th digits):

- 33371 ATHETOID CEREBRAL PALSY OCT06-
- 3420 FLACCID HEMIPLEGIA
- 3421 SPASTIC HEMIPLEGIA
- 3428 OTHER SPECIFIED HEMIPLEGIA
- 3429 HEMIPLEGIA, UNSPECIFIED
- 3430 INFANTILE CEREBRAL PALSY, DIPLEGIC
- 3431 INFANTILE CEREBRAL PALSY, HEMIPLEGIC
- 3432 INFANTILE CEREBRAL PALSY, QUADRIPLEGIC
- 3433 INFANTILE CEREBRAL PALSY, MONOPLEGIC
- 3434 INFANTILE CEREBRAL PALSY INFANTILE HEMIPLEGIA
- 3438 INFANTILE CEREBRAL PALSY OTHER SPECIFIED INFANTILE CEREBRAL PALSY
- 3439 INFANTILE CEREBRAL PALSY, INFANTILE CEREBRAL PALSY, UNSPECIFIED
- 3440 QUADRIPLEGIA AND QUADRIPARESIS
- 3441 PARAPLEGIA
- 3442 DIPLEGIA OF UPPER LIMBS
- 3443 MONOPLEGIA OF LOWER LIMB
- 3444 MONOPLEGIA OF UPPER LIMB
- 3445 UNSPECIFIED MONOPLEGIA
- 3446 CAUDA EQUINA SYNDROME
- 3448 OTHER SPECIFIED PARALYTIC SYNDROMES
- 3449 PARALYSIS, UNSPECIFIED
- 4382 HEMIPLEGIA/HEMIPARESIS
- 4383 MONOPLEGIA OF UPPER LIMB

Decubitus Ulcer (PSI 3)

4384 MONOPLÉGIA OF LOWER LIMB
 4385 OTHER PARALYTIC SYNDROME
 7687 HYPOXIC-ISCHEMIC ENCEPH OCT06-

ICD-9-CM Spina Bifida or Anoxic Brain Damage diagnosis codes

3481 ANOXIC BRAIN DAMAGE
 74100 SPINA BIFIDA, W HYDROCEPHALUS UNSPECIFIED REGION
 74101 SPINA BIFIDA, W HYDROCEPHALUS CERVICAL REGION
 74102 SPINA BIFIDA, W HYDROCEPHALUS DORSAL REGION
 74103 SPINA BIFIDA, W HYDROCEPHALUS LUMBAR REGION
 74190 SPINA BIFIDA, W/O HYDROCEPHALUS UNSPECIFIED REGION
 74191 SPINA BIFIDA, W/O HYDROCEPHALUS CERVICAL REGION
 74192 SPINA BIFIDA, W/O HYDROCEPHALUS DORSAL REGION
 74193 SPINA BIFIDA, W/O HYDROCEPHALUS LUMBAR REGION
 7685 SEVERE BIRTH ASPHYXIA

ICD-9-CM procedure code for debridement or pedicle graft

8345 OTHER MYECTOMY
 8622 EXC WOUND DEBRIDEMENT
 8628 NONEXCIS DEBRIDEMENT WND
 8670 PEDICLE GRAFT/FLAP NOS
 8671 CUT & PREP PEDICLE GRAFT
 8672 PEDICLE GRAFT ADVANCEMEN
 8674 ATTACH PEDICLE GRAFT NEC
 8675 REVISION OF PEDICLE GRFT

SID Admission source

Admission source is recorded as acute care facility (SID ASOURCE=2)
 Admission source is recorded as long-term care facility (SID ASOURCE=3)

Death among Surgical Inpatients with Serious Treatable Complications (PSI 4)

Numerator:

All discharges with a disposition of “deceased” among cases meeting the inclusion and exclusion rules for the denominator.

Denominator:

All surgical discharges age 18 years and older defined by specific DRGs and an ICD-9-CM code for an operating room procedure, principal procedure within 2 days of admission OR admission type of elective* with potential complications of care listed in Death among Surgical definition (e.g., pneumonia, DVT/PE, sepsis, shock/cardiac arrest, or GI hemorrhage/acute ulcer).

Exclude cases:

- age 90 years and older
- neonatal patients in MDC 15
- transferred to an acute care facility (SID Discharge Disposition = 2)

NOTE: Additional exclusion criteria is specific to each diagnosis.

FTR 2 - DVT/PE