



Health Care Quality Performance (HCQP) Program

HOSPITAL SUBCOMMITTEE

3-4:30pm, February 2, 2009
HEALTH, Room 401

Goals/Objectives

- To discuss and plan for the upcoming reporting of: (1) pressure ulcer process measures; and (2) pressure ulcer incidence

Voting Members

- | | | |
|-----------------------|----------------------|---------------------|
| ✓ Donna Amato | ✓ Stefan Gravenstein | ✓ Carolyn Shikowitz |
| ✓ Rosa Baier | ✓ Carol Lamoureux | ✓ Anne Stepka |
| ✓ Christine Bourgeois | ✓ Maureen Marsella | ✓ Barbara Stewart |
| ✓ Kerri Boyle | ✓ Debra Panizza | ✓ Angela Quarters |
| ✓ Donna Collins | ✓ Gina Rocha | ✓ Sam Viner-Brown |
| ✓ Margaret Cornell | ✓ Nancy Rooney | |
| ✓ Elaine Desmarais | ✓ Linda Rowey | |

Time Topic/Notes

- 3:00 pm **Welcome & Meeting Objective**
Samara Viner-Brown, MS (*Chair*)
- Rosa opened the meeting and discussed the meeting objectives (above).
- 3:05 am **Pressure Ulcer Process Measures**
Rosa Baier, MPH
- Data collection for the pressure ulcer process measures is ongoing, with two out of the three data collection points captured for the first public report (Oct08 & Jan09). This leaves one additional data point (Apr09) for the 3-quarter average that will be reported at the end of May.
 - As a remind, other scheduled data collection points are:
 - (Week of January 19th)
 - Week of April 20st
 - Week of July 20th
 } 1 day during the designated week
 - Data are due to the IHI website by the 15th of the following month.

Time	Topic/Notes
	<ul style="list-style-type: none"> - Action item: Rosa will continue to send data collection and submission reminders for each data point. - Since the last Subcommittee meeting, the Steering Committee approved the Subcommittee's recommendation to stop collection/reporting process data after the first incidence measure report (yes – 5, no – 3, abstained – 1).
3:15 am	<p data-bbox="360 394 771 420">Pressure Ulcer Incidence Measure</p> <p data-bbox="360 430 657 493">Samara Viner-Brown, MS Rosa Baier, MPH</p> <ul style="list-style-type: none"> - At the previous Subcommittee meeting, participants recommended: <ul style="list-style-type: none"> • Use of Present on Admission (POA) indicator • Use of AHRQ measure specifications - The Steering Committee approved the Subcommittee's proposed measure calculations (yes – 9, no – 0, abstained – 0), and asked the Subcommittee to estimate the timeline for the 1st report. The Steering Committee reiterated the direction, given by Dr. Gifford at the October Subcommittee meeting, that the incidence reporting should not include a pilot phase. The Subcommittee's work on reporting pressure ulcer measures dates to 2006, preceding the most recent legislation, and the Steering Committee would like incidence reporting to proceed as quickly as possible. - Action item: Rosa and Sam will follow-up with the Director to obtain further input about whether or not a pilot phase is possible. The process measures reflect a good-faith effort to move forward with reporting process measures, but it is unlikely that incidence reporting cannot be pushed back any further. - In discussing these two recommendations today, however, participants discovered that there is a disconnect between them: <ul style="list-style-type: none"> • The AHRQ measure specifications are based on pressure ulcer stage (not the POA indicator). HEALTH can calculate this measure using the new pressure ulcer staging data, available in May, but the measure would not incorporate the POA and therefore only approximates incidence (by excluding LOS <5 days). • Additionally, it will not be possible to use a POA-based measure in lieu of the AHRQ measure specifications, since the POA data are not collected and submitted by the Hospital Discharge Data Set (HDDS) vendor. HEALTH can work with the vendor, Thompson-Reuters, to incorporate the POA; but it could be up to a year before the POA data are added to the HDDS. - At this point, there are three options: <ol style="list-style-type: none"> 1. Use the AHRQ measure specifications (without the POA) as an interim measure. 2. Calculate a POA-based measure using data directly from each hospital, which requires each hospital to run reports to generate a numerator & denominator BUT will be feasible in the near term. 3. Calculate a POA-based measure using data in the HDDS, which requires HEALTH to work with the vendor and will therefore be a long-term solution (~1 year).

Time	Topic/Notes
	<ul style="list-style-type: none"> - Decision: Hearing no objection, the plan is to proceed with calculating and reporting the AHRQ measure specifications, while HEALTH investigates the two POA options. The Subcommittee will recommend further action on the POA measures once HEALTH shares additional information. - Action items: <ul style="list-style-type: none"> • HEALTH will contact AHRQ to learn more about the specifications: Will there be an updated version that reflects the POA? What is the rationale for the LOS <5 day exclusion? Are all ulcer stages included, or only Stage III and IV? • HEALTH will contact Thompson-Reuters to learn about incorporating the POA into the HDDS data submission process. - Sam presented the results of HEALTH’s analysis of the HDDS data (see handout), which approximates the AHRQ measure specifications numerator (all pressure ulcers) and denominator (patients with LOS >5 days). Please note: <ul style="list-style-type: none"> • The AHRQ measure specifications differ slightly from what is presented; the Subcommittee believes that ulcers in the numerator are restricted to Stages III and IV and the denominator is patients aged 18+ with LOS >5 days. • However, these analyses demonstrate that the denominator is likely to far exceed the minimum needed to public report (20+ patients per quarter). - Although there will be no incidence pilot, participants requested the opportunity to preview the data prior to its release. This would mirror the CMS process, for example, which affords hospitals a one-month preview before public reporting. The concern is that data which are not validated could be reported. - Action item: Each hospital should investigate running POA reports and begin internal processes to validate these data, if this is not already underway.
4:00pm	<p>Hospital-Acquired Infections (HAI) Subcommittee Update Samara Viner-Brown, MS (<i>Co-Chair of HAI Subcommittee</i>)</p> <ul style="list-style-type: none"> - Sam provided the Subcommittee with an update on the HAI reporting efforts, since the work of the HAI Subcommittee affects hospitals. Each hospital’s CEO should receive a letter with information this week (see handout). - The HAI Subcommittee, which has been meeting frequently, identified several 1st round measures: <ul style="list-style-type: none"> • Employee flu vaccination • Surgical Care Infection Program (SCIP) I, II, and III measures • ICU Central Line Associated Bloodstream Infection (CLABSI) measures - These measures are easily available through existing data, but additional measures will be identified and added over the coming months (e.g., MRSA process and outcome measures).
4:15pm	<p>Action Items & Next Steps Samara Viner-Brown, MS</p> <ul style="list-style-type: none"> - Please see the above action items. - Next meeting: 3-4:30pm, Monday, March 2nd