



Health Care Quality Performance (HCQP) Program

HOSPITAL SUBCOMMITTEE

2:30-3:30 pm, March 9, 2009

HEALTH, Beck Conference Room (basement)

Goals/Objectives

- To discuss and plan for the upcoming reporting of pressure ulcer incidence

Voting Members

✓ Donna Amato	✓ Stefan Gravenstein	✓ Anne Stepka
✓ Rosa Baier	✓ Carol Lamoureux	✓ Barbara Stewart
✓ Donna Collins	✓ Susan LaSalle	✓ Angela Quarters
✓ Dolores Cohen	✓ Maureen Marsella	✓ Jan Vincent
✓ Elaine Desmarais	✓ Gina Rocha	✓ Sam Viner-Brown
✓ Pam DiMascio	✓ Nancy Rooney	

Time Topic/Notes

2:30pm	<p>Welcome & Meeting Objective Samara Viner-Brown, MS (<i>Chair</i>)</p> <ul style="list-style-type: none"> – Sam opened the meeting and discussed the meeting objectives (above).
2:40am	<p>Pressure Ulcer Incidence Measure Samara Viner-Brown, MS Rosa Baier, MPH</p> <ul style="list-style-type: none"> – Sam reminded the group of the measurement strategy previously recommended: <ul style="list-style-type: none"> • Use of Present on Admission (POA) indicator • Use of AHRQ measure specifications – After the 2/2 meeting, Rosa spoke with AHRQ about their pressure ulcer measure. There are currently two versions of the measure: <ol style="list-style-type: none"> (1) One that predates the POA indicator, and estimates incidence based on patients' length of stay, and (2) One that incorporates the POA indicator. <p>AHRQ's program takes the POA availability/absence into account automatically, and calculates the measure based on what's available in the available Hospital Discharge Data Set Data (HDDS).</p>

- As a reminder, Rhode Island's HDDS does not yet include the POA (even though hospitals have been collecting it since Oct 2008). Gina provided an update on HARI's Administration Simplification Committee, which can recommend changes to the HDDS vendor. Previously, the committee indicated it may wait until the ICD-10 codes are available (approx. 2013) before incorporating the POA.
- **Action items:** Gina will ask the committee: (1) when it provides its annual request to the vendor and (2) how long it would take the vendor to incorporate the POA into the existing ICD-9 codes (rather than waiting for ICD-10 codes).
- Knowing that it will be some time (currently undefined) before the HDDS includes the POA indicator, Sam and Rosa met with Dr. Gifford to discuss an interim strategy. He approved the following:
 - Initially, use of original (pre-POA) AHRQ measure specifications.
 - A 30-day preview period for hospitals to contest any pressure ulcers in the numerator that you know are *not* hospital-acquired.
 - When the HDDS is updated to include the POA, a switch to the updated AHRQ measure specifications.
 - At that time, elimination the 30-day preview period.
- Based on this recommendation, the 1st incidence measure timeline is estimated to be:
 - April 30, 2009: Q4 2008 data submitted to HEALTH and cleaned
 - June 1, 2009: Preview data shared with each hospital
 - July 1, 2009: Public report issued
- **Note:** These are estimates only and the timeline may change if HEALTH does not receive data on schedule or if data received are incomplete.
- **Recommendation:** Assuming that the incidence measure is publicly reported in ~July 2009, the process measure will be reported only once, in ~May 2009. That report will be a 3-quarter average (October 2008, January 2009, and April 2009). Hospitals do not need to proceed with the previously-scheduled July 2009 data collection date.
- **Action items:**
 - (1) Rosa will follow-up with IHI re: the submission of January 2009 process measure data, and will send data collection/submission reminders for the April 2009 data.
 - (2) Rosa and Sam will obtain the hospitals' input about the correct point of contact to receive the 30-day preview data for the incidence measure.

3:15pm

Action Items & Next Steps

Samara Viner-Brown, MS

- Please see above.
- No future meetings are currently scheduled. Two potential meetings are planned:
 - (1) To finalize public reporting formats before the May release of the process measure. Sam and Rosa will obtain Subcommittee members' feedback first via email, and meet only if necessary to obtain consensus.
 - (2) A June meeting to review the incidence measure data at the beginning of the 30-day preview period. This date will depend on the above estimated schedule.

**Discharges Among Adults (aged 18+) with Pressure Ulcer Diagnoses by Length of Stay
Rhode Island, 2007**

Discharges with Any Diagnosis					
Less than 5 Days					
Hospital	Q1	Q2	Q3	Q4	Total
A	848	846	887	831	3412
B	1183	1192	1247	1232	4854
C	1009	972	1015	1026	4022
D	2326	2348	2307	2465	9446
E	4468	4883	4530	4367	18248
F	1435	1370	1312	1218	5335
G	930	998	1012	955	3895
H	2401	2351	2186	2194	9132
I	781	703	744	712	2940
J	1077	1089	1112	1057	4335
K	2785	3004	2904	2752	11445
All	19243	19756	19256	18809	77064

Discharges with Any Pressure Ulcer Diagnosis					
Less than 5 Days					
Hospital	Q1	Q2	Q3	Q4	Total
A	5	8	12	8	33
B	32	27	30	35	124
C	19	18	17	30	84
D	39	32	22	36	129
E	59	75	51	64	249
F	33	32	24	19	108
G	15	11	9	17	52
H	28	22	29	20	99
I	7	5	10	11	33
J	9	27	10	12	58
K	2	4	0	0	6
All	248	261	214	252	975

5 or More Days					
Hospital	Q1	Q2	Q3	Q4	Total
A	511	509	478	493	1991
B	1509	1622	1447	1425	6003
C	641	646	557	636	2480
D	1200	1270	1229	1301	5000
E	2719	2593	2643	2642	10597
F	807	791	754	736	3088
G	326	343	346	332	1347
H	1649	1628	1473	1496	6246
I	317	261	285	299	1162
J	788	724	612	694	2818
K	375	399	363	403	1540
All	10842	10786	10187	10457	42272

5 or More Days					
Hospital	Q1	Q2	Q3	Q4	Total
A	17	23	27	25	92
B	117	132	107	110	466
C	63	62	43	68	236
D	96	92	104	80	372
E	154	134	139	119	546
F	37	39	36	42	154
G	21	28	23	29	101
H	92	84	58	87	321
I	22	20	14	28	84
J	39	35	33	32	139
K	2	4	2	1	9
All	660	653	586	621	2520

All Discharges					
Hospital	Q1	Q2	Q3	Q4	Total
A	1359	1355	1365	1324	5403
B	2692	2814	2694	2657	10857
C	1650	1618	1572	1662	6502
D	3526	3618	3536	3766	14446
E	7187	7476	7173	7009	28845
F	2242	2161	2066	1954	8423
G	1256	1341	1358	1287	5242
H	4050	3979	3659	3690	15378
I	1098	964	1029	1011	4102
J	1865	1813	1724	1751	7153
K	3160	3403	3267	3155	12985
All	30085	30542	29443	29266	119336

All Discharges					
Hospital	Q1	Q2	Q3	Q4	Total
A	22	31	39	33	125
B	149	159	137	145	590
C	82	80	60	98	320
D	135	124	126	116	501
E	213	209	190	183	795
F	70	71	60	61	262
G	36	39	32	46	153
H	120	106	87	107	420
I	29	25	24	39	117
J	48	62	43	44	197
K	4	8	2	1	15
All	908	914	800	873	3495

Source: Hospital Discharge Data, Rhode Island Department of Health