



Health Care Quality Performance (HCQP) Program

HOSPITAL SUBCOMMITTEE

3-4:30pm, 9/20/10
HEALTH, Room 401

Goals/Objectives

- To advise the Department on hospital reporting and implement agreed-upon policies

Invitees

G Ann Allaire	G Denise Henry	G Linda Rowey
T Rosa Baier	G Cheryl Jollie	G Ray Rusin
G Kerri Boyle	G Linda Kissik	T Barbara Stewart
T Christine Bourgeois	G Carol Lamoureux	T Kathy Taylor
T Dolores Cohen	T Susan LaSalle	G Melinda Thomas
T Susan Conroy	G Catherine Lynn	G Judy Van Tilburg
T Margaret Cornell	T Maureen Marsella	G Jan Vincent
T Elaine Desmarais	G Linda McDonald	G Madeline Vincent
T Pam DiMascio	T Ann Messier	T Samara Viner-Brown (Chair)
G Cathy Duquette	T Debra Panizza	G Rachel Voss
G Jeanne Ehmann	T Angela Quarters	G Diana Wantoch
G Nancy Fogarty	G Gina Rocha	G Lisa Zapatka
G Stefan Gravenstein	T Nancy Rooney	

Time

Topic/Notes

3:00pm

Welcome & Administrative Updates

Samara Viner-Brown, MS, Chair

- Sam opened the meeting, noting that the Subcommittee had not met since November 2009 due to state funding cuts. Meeting participants introduced themselves.
- Sam provided updates from the Hospital-Acquired Infections (HAI) Subcommittee, which has Federal funding and continued meeting during the Program's hiatus:

- Membership

Although the HAI Subcommittee is separate and has a legislatively-mandated membership, the meetings are open to all audience members. The next meeting is Monday, 9/27 at 8am in Conference Room C at the Department of Administration, which is the pink granite building adjacent to HEALTH. Please [email Ann](#) to be added to the HAI Subcommittee's distribution list.

- Report topics

Since it first convened, the HAI Subcommittee has approved and released reports for several clinical topics:

- Surgical Care Infection Program (SCIP) measures
- Central Line-Associated Bloodstream Infections (CLABSI)
- Hand hygiene processes

Upcoming topics will include employee influenza vaccination (this month) and MRSA and C. difficile incidence (early 2011).

- HAI Collaborative (MRSA/C. difficile)

Maureen Marsella is leading a new HAI Collaborative, which launched in August and will be meeting monthly through the end of 2010. The Collaborative will:

- Assist hospitals with enrolling in NHSN, to meet the Medicare-mandated timeline of submitting CLABSI data by January 2011, and
- Assist hospitals with MRSA and C. difficile improvement activities.

All hospitals were represented at the August meeting, most by Infection Preventionists. Maureen encouraged Subcommittee members to communicate with their Infection Preventionists about the Collaborative or consider joining themselves. Email [Maureen](#) for information or to be added to the distribution list.

3:20pm

Clinical Reports

Rosa Baier, MPH, Chair

- Rosa provided an update on the clinical reports, which are graphs updated quarterly using Hospital Compare data. The reports were not updated during the Program's hiatus, but new data are available and will be posted as soon as the Hospital Compare embargo is lifted (expected in the next 1-2 weeks). The Program will continue releasing new graphs quarterly throughout the fiscal year.
- Rosa asked for the Subcommittee's input about amending the composite measure included in the quarterly clinical reports. She referenced a handout listing all of the measures included in the Hospital Compare composite and highlighting discrepancies between the state and Federal composites:
 - Two measures in the RI composite were removed from Hospital Compare in 2009
 - There are five measures in the Hospital Compare composite, but not RI's composite
- **Vote:** The Subcommittee voted to align the state and national composites by eliminating two measures and adding five measures to the state clinical report graphs (Yes – 12, No – 0, Abstain – 4).

3:30pm

Pressure Ulcer Incidence

Samara Viner-Brown, MS, Chair

Kathy Taylor

- Sam reminded the Subcommittee of its previous recommendations:
 - Switching to use of the Present on Admission (POA) indicator by Q1 2010
 - Q4 2009 would remain a POA pilot, with the previous AHRQ methodology reported
 - Q1 2010 would be the first POA-based report; the previous methodology would stop
- She then provided several updates from the last 10 months:

- In November 2009, HEALTH sent a letter to Thomson-Reuters to ensure that the POA would be added to the Hospital Discharge Data Set (HDDS) without any costs incurred by the hospitals.
 - Since November 2009, HARI and HEALTH have continued to collaborate with Thomson-Reuters to ensure that the POA was added to the HDDS.
 - Although HEALTH usually acquires the data ~90 days after a quarter ends, Q1 2010 data are significantly overdue. The first file Kathy received from Thomson-Reuters was incomplete—not all fields were present and some hospitals had not reported data. HEALTH sent a letter to hospitals in July 2010 to remind them of the requirement to submit the POA beginning with Q1 2010.
- Rosa reminded the group that the previous recommendation was to continue reporting the original methodology (requiring manual verification of incident pressure ulcers) until switching to the POA-based methodology. The group discussed the pros/cons of Kathy using the existing Q4 2009 HDDS to update the Q3 2009 report posted on HEALTH’s site, especially in light of the fact that Hospital Compare is preparing to release a new pressure ulcer incidence measure. The Hospital Compare data is older than what is currently posted on the site and is limited to Medicare patients; but the HDDS data requires hospitals to manually verify incidence cases.
 - **Votes:** The Subcommittee voted:
 - Not to use the Hospital Compare measure or back-date a HDDS measure for Q4 2010, but to wait for the Q1 2010 HDDS data and report the POA (as originally planned) (Yes – 12, No – 0, Abstain – 4).
 - To use a 15-day (3-week) preview period for the first POA-based report, then follow the 5-day policy and procedure for subsequent preview reports (Yes – 12, No – 0, Abstain – 4).

4:15pm

Open Forum & Next Steps

Samara Viner-Brown, MS, Chair

- **Action items:**
 - Email [Maureen](#) for information about the HAI Collaborative (Subcommittee)
 - Obtain the complete Q1 2010 data from Thomson-Reuters (Kathy)
 - Generate a Q1 2010 POA-based public report (Kathy)
 - Share the Q1 2010 POA-based public report with hospitals for preview (Rosa/Ann)
- In the absence of any additional agenda items, the Subcommittee recommended that the preview report be shared with hospitals via email and future meetings be scheduled on an as-needed basis.



Health Care Quality Performance (HCQP) Program

HOSPITAL COMPARE MEASURES

Proposed Additions/Deletions from Diamond Composite

Measures, by Clinical Topic
Acute Myocardial Infarction
AMI-1: Aspirin at Arrival
AMI-2: Aspirin at Discharge
AMI-3: ACEI or ARB for LVSD
AMI-4: Adult Smoking Cessation Counseling
AMI-5: Beta Blocker at Discharge
AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Arrival
AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival
AMI-6: Beta Blocker within 24 hours of arrival*
Heart Failure
HF-1: Discharge Instructions
HF-2: Evaluation of LVS Function
HF-3: ACEI or ARB for LVSD
HF-4: Adult Smoking Cessation Counseling
Pneumonia
PN-1: Percent of patients given oxygenation assessment**
PN-2: Pneumococcal Vaccination
PN-3b: Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
PN-4: Adult Smoking Cessation Counseling
PN-5c: Initial Antibiotic within 6 hours after Arrival
PN-6: Initial Antibiotic Selection for CAP in Immunocompetent Patient
PN-7: Influenza Vaccination³

* Removed from Medicare data collection in April 2009

** Removed from Medicare data collection in January 2009

Key:

Black text Currently included in the diamond report composite measure

Green text Proposing to add to the diamond report composite measure

Red text Proposing to remove from the diamond report composite measure



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

July 13, 2010

To: Hospital Discharge Data Submitters
Re: Present on Admission Indicators

In response to the October 2008 introduction of the Present on Admission (POA) indicator, the Department of Health requested that all Rhode Island hospitals amend their Hospital Discharge Data Set (HDDS) reporting to include the POA for all diagnoses codes, effective with discharges beginning January 1, 2010.

Section 17.1 of the Uniform Reporting System regulations states: "Each hospital shall establish and maintain records and data in such a manner as to make uniform the system of periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed from time to time in directives promulgated by the ..." The POA data fields are necessary to enable the Department to calculate and publicly report pressure ulcer incidence as part of the state's mandated public reporting program.

If your hospital has not yet implemented system changes to capture POA, the Department of Health still requires reporting of POA data starting with January 1, 2010 discharges. This may require you to resubmit your first quarter (January-March 2010) data, which we will need no later than August 31, 2010. From that point on, we will expect to receive quarterly data on the routine established schedule with Thomson-Reuters.

Please let me know if you have any questions.

Thank you.

Sincerely,

A handwritten signature in cursive script, reading "Samara Viner-Brown".

Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis
Telephone: 401-222-5122
E-mail: samara.viner-brown@health.ri.gov

cc: Gina Rocha and Mike Sousa, Hospital Association of Rhode Island
Jamey Motter and Susan McVittie, Thomson-Reuters