Healthcare Quality Reporting Program

HOSPITAL SUBCOMMITTEE

3-4:30pm, 5/9/12
Room 401 at Health

Goals/Objectives
▪ To advise the Department on hospital reporting and implement agreed-upon policies

Invitees		
✓ Rosa Baier (Chair)	☐ Denise Henry	☐ Angela Quarters
☐ Kerri Boyle	☐ Linda Kissik	✓ Gina Rocha
✓ Dolores Cohen	☐ Kim Kralicky	☐ Nancy Rooney
☐ Susan Conroy	✓ Carol Lamoureux	☐ Linda Rowey
☐ Michele Danish	✓ Susan LaSalle	☐ Ray Rusin
✓ Elaine Desmarais	☐ Catherine Lynn	✓ Kathy Taylor
✓ Pam DiMascio	✓ Maureen Marsella	☐ Judy Van Tilburg
☐ Cathy Duquette	☐ Linda McDonald	☐ Madeline Vincent
☐ Jeanne Ehmann	✓ Ann Messier	✓ Samara Viner-Brown
☐ Nancy Fogarty	✓ Pat O'Donnell	☐ Diana Wantoch
☐ Stefan Gravenstein	☐ Debra Panizza	☐ Margaret Vigorito

Time	Topic/Notes
3:00pm	**Welcome & Administrative Updates** *Samara Viner-Brown, MS, Chair*

- Rosa opened the meeting, facilitated group introductions and discussed today's objectives. The primary goal was to review the pressure ulcer preview report and discuss pressure ulcer methods for future reports.
- Rosa then provided two brief updates:
  - <u>Program contracting</u>

    The program had a nine-month hiatus, during which the state issued a request for proposals to run the program and Healthcentric Advisors applied and was awarded the contract. This process was very slow (unusually slow), resulting in a gap in program activities. We anticipate continuing between this fiscal year and the next one (June to July) without interruption this year, now that the contract is in place.
  - <u>Program funding</u>

Beginning in July, the program anticipates an operating budget ($56K) that is approximately half of the historical funding level ($120K), which will necessitate critical appraisal of current and anticipated activities. Gina asked that the program and committee think about how these changes impact our reporting efforts, including prioritizing activities.

3:10pm **Hospital Reporting**
Rosa Baier, MPH
Samara Viner-Brown, MS, Chair

- Rosa reminded the group that there are two hospital-related subcommittees:
  - Hospital-acquired infections (HAI)
  - Hospital measures

  Both meetings are open to the public; anyone who would like to be added to the HAI Subcommittee distribution list should email Ann Messier.

- The hospital reports are as follows, with those highlighted in yellow falling under this committee's purview:

Report	Frequency (Last Updated)	Action By
Clinical quality measures	Quarterly (Apr 2012)	--
Hand hygiene processes	Annually (Apr 2012)	Infection Preventionists
SCIP	Quarterly (Feb 2012)	--
CLABSI	Quarterly (Mar 2012)	ICU Collaborative
Pressure ulcer incidence	Quarterly (Jun 2011)	Quality Department
Employee flu vaccination	Annually (Aug 2011)	Employee Health
MRSA incidence	Quarterly (Mar 2012)	Infection Preventionists
C. Difficile incidence	Quarterly (pending)	Infection Preventionists

- The group discussed these reports:
  - Pam asked why the SCIP measures are listed separately from the clinical quality measures, since both are reported using Hospital Compare data. Rosa responded that these measures are reported separately by the HAI Subcommittee and in a different format; but there could be an opportunity to combine reports in the future, since they originate with the same data source.
  - Gina asked whether or not we should consider eliminating the clinical quality measure graphs and linking to Hospital Compare, given the program's limited resources. Others commented that Hospital Compare's reporting format has improved in recent years, making it better able to meet the program's mandate to provide "comparative ratings."
  - **Recommendation:** (1) Cease creating clinical quality measure graphs and (2) link to Hospital Compare.

3:20pm **Pressure Ulcer Incidence**
Samara Viner-Brown, MS, Chair
Rosa Baier, MPH

- Rosa reminded the group of the previous history and decisions:

- AHRQ measure specifications

  Prior to the availability of the Present on Admission (POA) indicator, we began reporting pressure ulcer incidence using AHRQ measure specifications and Hospital Discharge Data Set (HDDS) data. This involved a manual review of ulcers by hospital staff to identify hospital-acquired, or incident, ulcers.

  After the introduction of the POA, AHRQ updated its measure specifications to calculate incidence by excluding prevalent pressure ulcers. This allowed us to rely fully on the use of administrative data vs. manual review, reducing the burden to the hospitals.

- Public reports

  We have released two public reports using the POA method. Since the last report, the program has learned from the CDC that the standardized incidence ratio (SIR) methodology is intended to use a static baseline period; in other words, to compare current performance against the same historical period. The current report, distributed today, uses CY 2010 for this baseline period and a rolling four-quarter average for the current period. This report includes the four quarters in CY 2011.

- After review the previous history and decisions, the group discussed next steps and recommendations:

  - Calculation methods (AHRQ or NQF)

    The current method eliminates many of the patients at highest risk for pressure ulcers, which may not provide actionable information for hospitals' internal quality improvement (QI) efforts or for concurrent QI efforts in the community.

    Rosa presented possible new measure specifications from NQF (see handout), which would expand the patient population included in the report by eliminating exclusions for patients with various diagnoses and coming from or going to other acute or long-term care settings. The measure also includes Stage II ulcers and lengths of stay >48 hours rather than >5 days.

  - Concurrent activities

    Gina discussed the hospital engagement network (HEN) contract that the Hospital Association holds, and briefed the group on the pressure ulcer measures that are provided as options to HEN participants. These include pressure ulcers, including both the NQF measure and the hospital-acquired infection (HAC) measure (among others). Gina will provide copies of the measure specifications to Rosa.

    Since the HAC measure is now reported on Hospital Compare, the group discussed using that measure—which is more inclusive than the AHRQ measure—instead of continuing with the AHRQ measure or switching to the NQF specifications. There are two limitations with the HAC measure: (1) it is limited to Medicare FFS patients (like the other Hospital Compare measures) and (2) is only updated annually, not quarterly.

    The group also discussed using HDDS data to calculate the HAC measure, but apply it to all patients; Maureen suggested that this would provide a fuller picture of care for all patient populations. However, the group was unsure about the added value vs. the burden to the program to generate the reports and to consumers to interpret two data sources/report formats.

- **Recommendations**: (1) Release the current pressure ulcer incidence report, (2) cease calculating pressure ulcer incidence using the HDDS and (3) link to the HAC measure on Hospital Compare going forward.

4:15pm **Open Forum & Next Steps**
Samara Viner-Brown, MS, Chair

- The group discussed the following during the open forum:

  - Other settings' efforts

    Gina asked for a recap of reporting efforts in all settings.

    Rosa responded that there is reporting underway in four settings: home health, hospital, nursing home and physician. Like hospitals, home health agencies and nursing homes report clinical quality measures from the Medicare Compare sites. Both also conduct primary data collection for patient satisfaction under the state mandate, and nursing homes are piloting employee influenza vaccination reporting.

    Physicians report electronic medical record and e-prescribing adoption annually, the only report that is released at the practitioner level.

  - Steering Committee advisory letters

    Dr. Fine has requested that the Steering Committee begin to provide written advisory letters, which is consistent with other Department advisory bodies (e.g., the PCP Advisory Council). Advisory letters will enable Dr. Fine and program staff to appropriately prioritize activities, but also serve as written documentation that he can share with key stakeholders to gain support for activities or funding requests.

    Subcommittee recommendations will be discussed by the Steering Committee, and their thoughts will be included in their advisory letter to Dr. Fine.

  - Additional topics

    Dr. Fine and the Steering Committee may have additional direction or guidance for the committee, including new topics (e.g., disparities in care outcomes). The program is also increasingly focusing on how to ensure that at-risk patients are aware of the reports and able to access and use them for decision making.

- **Action items:**

  - Verify the hospice discharge disposition code (Kathy)
  - Distribute the pressure ulcer preview reports (Ann)
  - Share the HEN's list of measure specifications with Rosa (Gina)
  - Research the HAC measure specifications (Rosa/Maureen)
  - Research upcoming Medicare requirements for Eleanor Slater (Maureen)
  - Share committee recommendations with the Steering Committee (Rosa)
  - Schedule meeting following the Steering Committee (Rosa)

- **Next meeting:** To be scheduled for late June

Pressure Ulcer Rate

Patient Safety Indicators #3
Technical Specifications
Provider-Level Indicator
AHRQ Quality Indicator, Version 4.4, March 2012

Numerator

Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code of pressure ulcer in any secondary diagnosis field and ICD-9-CM code of pressure ulcer stage III or IV (or unstagable) in any secondary diagnosis field.

ICD-9-CM Pressure ulcer diagnosis codes[1]:

7070	*PRESSURE ULCER*	70704	PRESSURE ULCER, HIP
70700	PRESSURE ULCER, SITE NOS	70705	PRESSURE ULCER, BUTTOCK
70701	PRESSURE ULCER, ELBOW	70706	PRESSURE ULCER, ANKLE
70702	PRESSURE ULCER, UPR BACK	70707	PRESSURE ULCER, HEEL
70703	PRESSURE ULCER, LOW BACK	70709	PRESSURE ULCER, SITE NEC

[1] Italicized codes are not active in the current fiscal year.

ICD-9-CM Pressure ulcer stage diagnosis codes*:

70723	PRESSURE ULCER, STAGE III	70725	PRESSURE ULCER,UNSTAGEBL
70724	PRESSURE ULCER, STAGE IV		

* Valid for discharges on or after 10/1/2008

Denominator

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

See *Patient Safety Indicators Appendices*:

- Appendix B – Medical Discharge DRGs
- Appendix C – Medical Discharge MS-DRGs
- Appendix D – Surgical Discharge DRGs
- Appendix E – Surgical Discharge MS-DRGs

Exclude cases:

- with length of stay of less than 5 days
- with principal diagnosis of pressure ulcer or a secondary diagnosis of pressure ulcer present on admission* and a secondary diagnosis of pressure ulcer stage III or IV present on admission
- MDC 9 (Skin, Subcutaneous Tissue, and Breast)
- MDC 14 (pregnancy, childbirth, and puerperium)
- with any diagnosis of hemiplegia, paraplegia, or quadriplegia
- with any diagnosis of spina bifida or anoxic brain damage

- with a procedure code for debridement or pedicle graft **before or on the same day** as the major operating room procedure (surgical cases only)
- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

* Only for cases that otherwise qualify for the numerator

See *Patient Safety Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes
- Appendix J – Admission Codes for Transfers

ICD-9-CM Hemiplegia, paraplegia, or quadriplegia diagnosis codes[1]:

33371	ATHETOID CEREBRAL PALSY
3341	HERED SPASTIC PARAPLEGIA
3420	*FLACCID HEMIPLEGIA*
34200	FLCCD HMIPLGA UNSPF SIDE
34201	FLCCD HMIPLGA DOMNT SIDE
34202	FLCCD HMIPLG NONDMNT SDE
3421	*SPASTIC HEMIPLEGIA*
34210	SPSTC HMIPLGA UNSPF SIDE
34211	SPSTC HMIPLGA DOMNT SIDE
34212	SPSTC HMIPLG NONDMNT SDE
34280	OT SP HMIPLGA UNSPF SIDE
34281	OT SP HMIPLGA DOMNT SIDE
34282	OT SP HMIPLG NONDMNT SDE
3429	*HEMIPLEGIA, UNSPECIFIED*
34290	UNSP HEMIPLGA UNSPF SIDE
34291	UNSP HEMIPLGA DOMNT SIDE
34292	UNSP HMIPLGA NONDMNT SDE
3430	CONGENITAL DIPLEGIA
3431	CONGENITAL HEMIPLEGIA
3432	CONGENITAL QUADRIPLEGIA
3433	CONGENITAL MONOPLEGIA
3434	INFANTILE HEMIPLEGIA
3438	CEREBRAL PALSY, NEC
3439	CEREBRAL PALSY, NOS
3440	*QUADRIPLEGIA AND QUADRIPARESIS*
34400	QUADRIPLEGIA, UNSPECIFD
34401	QUADRPLG C1-C4, COMPLETE
34402	QUADRPLG C1-C4, INCOMPLT
34403	QUADRPLG C5-C7, COMPLETE
34404	QUADRPLG C5-C7, INCOMPLT
34409	OTHER QUADRIPLEGIA
3441	PARAPLEGIA NOS
3442	DIPLEGIA OF UPPER LIMBS
3443	*MONOPLEGIA OF LOWER LIMB*
34430	MONPLGA LWR LMB UNSP SDE
34431	MONPLGA LWR LMB DMNT SDE
34432	MNPLG LWR LMB NONDMNT SD
3444	*MONOPLEGIA OF UPPER LIMB*
34440	MONPLGA UPR LMB UNSP SDE
34441	MONPLGA UPR LMB DMNT SDE
34442	MNPLG UPR LMB NONDMNT SD
3445	MONOPLEGIA NOS
34460	CAUDA EQUINA SYND NOS
34461	NEUROGENIC BLADDER
3448	*OTHER SPECIFIED PARALYTIC SYNDROMES*
34481	LOCKED-IN STATE
34489	OTH SPCF PARALYTIC SYND
3449	PARALYSIS NOS
43820	LATE EF-HEMPLGA SIDE NOS
43821	LATE EF-HEMPLGA DOM SIDE
43822	LATE EF-HEMIPLGA NON-DOM
43830	LATE EF-MPLGA UP LMB NOS
43831	LATE EF-MPLGA UP LMB DOM
43832	LT EF-MPLGA UPLMB NONDOM
43840	LTE EF-MPLGA LOW LMB NOS
43841	LTE EF-MPLGA LOW LMB DOM
43842	LT EF-MPLGA LOWLMB NONDM
43850	LT EF OTH PARAL SIDE NOS
43851	LT EF OTH PARAL DOM SIDE
43852	LT EF OTH PARALS NON-DOM
43853	LT EF OTH PARALS-BILAT
76870	HYPOXC-ISCHEM ENCEPH NOS
76872	MOD HYPOS-ISCHEM ENCEPH
76873	SEV HYPOX-ISCHEM ENCEPH

[1] Italicized codes are not active in the current fiscal year.

ICD-9-CM Spina bifida or anoxic brain damage diagnosis codes:

3481	ANOXIC BRAIN DAMAGE
74100	SPIN BIF W HYDROCEPH NOS
74101	SPIN BIF W HYDRCEPH-CERV
74102	SPIN BIF W HYDRCEPH-DORS
74103	SPIN BIF W HYDRCEPH-LUMB
74190	SPINA BIFIDA
74191	SPINA BIFIDA-CERV
74192	SPINA VIFIDA-DORSAL
74193	SPINA BIFIDA-LUMBAR
7685	SEVERE BIRTH ASPHYXIA

ICD-9-CM Debridement or pedicle graft procedure codes:

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

Performance Measure Name: Pressure Ulcer Prevalence (Hospital-Acquired)

Description: The total number of patients that have hospital-acquired (nosocomial) category/stage II or greater pressure ulcers.

Rationale: The incidence of hospitalized patients developing pressure ulcers has been reported to range from 2.7 percent (Gerson, 1975) to 29.5 percent (Clarke and Kadhom, 1988). Certain circumstances (e.g., immobility, incontinence, impaired nutritional status, critical illness, etc.) further increase the risk for selected patients. The development of hospital acquired pressure ulcers (HAPU) places the patient at risk for other adverse events and may lead to increased lengths of stay. HAPUs also increase resource consumption and costs. Recommendations from the guideline P*ressure Ulcers in Adults: Prediction and Prevention (*AHCPR, 1992) include the identification of Last Updated: Version 2.0 NSC Implementation Guide, 2009 NSC-2-2 individuals at risk and early intervention with a goal of maintaining and improving tissue tolerance in order to prevent injury. In most vulnerable patients, reducing risk factors and implementing preventive/treatment measures will reduce the incidence of new pressure ulcer development and prevent the worsening of existing ulcers. Nurses and nursing-care interventions play an important role in pressure ulcer prevention and management. The use of this prevalence measure allows organizations to monitor this important patient outcome at points in time and examine institutional processes.

Numerator Statement: Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer.

Included Populations:

- Hospital-acquired pressure ulcers (ulcers discovered or documented after the first 24 hours from the time of inpatient admission) [To capture this, we would exclude LOS =<24 hours.]
- Category/stage II or greater pressure ulcers
- Unstageable/unclassified pressure ulcers

Excluded Populations:

- None

Data Elements:

- Pressure Ulcer
- Pressure Ulcer – Hospital-Acquired
- Pressure Ulcer – Category/stage

Included Populations: Patients 18 years or older who are admitted to all eligible units that are surveyed for the study.

Excluded Populations:

- Patients less than 18 years of age
- Patients who refuse to be assessed
- Patients who are off the unit at the time of the prevalence study, i.e. surgery, x-ray, physical therapy, etc.
- Patients who are medically unstable at the time of the study for whom assessment would be contraindicated at the time of the study, i.e. unstable blood pressure, uncontrolled pain, or fracture waiting repair.
- Last Updated: Version 2.0 NSC Implementation Guide, 2009 NSC-2-3
- Patients who are actively dying. [Kathy is checking about excluding patients who died and those with hospice, etc.]

Data Elements:

- Admission Date
- Birthdate
- Sex
- Type of Unit