

**KHC Office Hours  
for Compass HQIC**  
March 22, 2023

This material was prepared by the Iowa Healthcare Collaborative, a Compass Hospital Quality Improvement Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to specific products or entities herein does not constitute endorsement of that product or entity by CMS or HHS.

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**Agenda**

- + Welcome and Announcements
- + Resources, Upcoming Events, and Next Steps
- + Presentation- It's All About the Data
- + Wrap up- upcoming events and next steps

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**KHC Compass HQIC Team and Presenters:**

 Mandy Johnson Senior Director, Programs	 Eric Cook-Wiens Data & Measurement Director	<b>Special Guest</b>	
 Brenda Olson Vice President for Health Information Management Great Plains Health Alliance	 Sally O'Hara Vice President, Data and Strategic Analytics Kansas Hospital Association	 Elin McGuire Quality Improvement Advisor	 Julia Pyle Quality Improvement Advisor

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**Compass HQIC  
Data Review,  
Updates, &  
Reminders**

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**Data Updates**

- + Data are due at the end of the month—reflecting the previous month
- + Data Refresh
  - Administrative Claims and NHSN transferred to QHi
  - QHi data are sent to Compass (except for NHSN)
  - Current Data Refresh: 3/7/2023
  - Next Refresh: On or around April 7, 2023
- + Reports – Emailed from your QIA (Erin or Julia)
  - Compass HQIC Data Completeness Report
  - KHC Compass Data Snapshot Report

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**Compass HQIC Data Updates**

Two new measurement resources from HQIC

- + Updated Measure Document
  - Added several measures based on Medicare Claims data
  - No changes in QHi
- + Compass HQIC Data Portal User Manual
  - New: published March 2023
  - Please use the Compass portal for Work Plans (pages 11-13)
  - **Does not replace QHi for measure reporting for KS**

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### Compass Measure Set State: Kansas

Requirement Type	Key	Measure Type	Key	Data Sources	Key
Required: self-reporting	RS	Outcome	O	Self Reported	S*
Required: comes from other data sources	RO	Process	P	Administrative Claims	AC*
Optional: self-reporting	OS			HEERL	HE*

Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
<b>ADJ Events</b>					
	<b>RO</b>	<b>Outcome</b>	Number of coded Acute Care adverse drug events that cause harm not present on admission.	Number of Acute Care, SNF and Swing Bed discharges (all ages)	**
	<b>OS</b>	<b>Outcome</b>	Number of Acute Care, SNF, Swing Bed and Observation patient drug events that reach the patient NCI-MMM scale (all categories D-E)	Number of Acute Care, SNF, Swing Bed and Observation patient-days	*
<b>Opoid Care</b>					
	<b>RO</b>	<b>Outcome</b>	Number of Medicare Part A Acute Care patients with non-PDM secondary ICD-10 codes for opioid-related adverse drug event	Number of discharges for Medicare Part A Acute Care patients	**
	<b>RO</b>	<b>Outcome</b>	Number of opioid-related deaths (include opioid toxicity in a primary or secondary diagnosis)	Number of discharges for Acute Care patients, > 18 y/o	**
	<b>OS</b>	<b>Process</b>	Number of doses of reversal agent (e.g., Naloxone) is administered to a patient in the Emergency Department	Number of Emergency Department visits	*
	<b>OS</b>	<b>Process</b>	Number of doses of a reversal agent (e.g., Naloxone) administered to Acute Care, SNF, Swing Bed and Observation patients, prescribed opioids	Number of Acute Care, SNF, Swing Bed and Observation patients, prescribed opioids	*

Compass HQIC Measures Updated 2/01/2023 | 1

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Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
<b>Opoid Care</b>					
	<b>OS</b>	<b>Process</b>	Number of Acute Care, SNF, Swing Bed and Observation patients discharged with an opioid prescription with >90 MME daily	Number of Acute Care, SNF, Swing Bed and Observation patients discharged with an opioid prescription, excluding cancer and hospice patients as well as pregnant for OUD tests in methadone and buprenorphine	*
	<b>RO</b>	<b>Process</b>	Number Medicare beneficiary patients discharged with an opioid prescription with >90 MME per day	Number of Medicare beneficiary patients discharged with any MME of opioid prescriptions	**
<b>Diabetic Management</b>					
	<b>OS</b>	<b>Outcome</b>	Number of blood glucose measurements (per lab reports, FBG, EMG, Charge Data, etc.) for Acute Care, SNF, Swing Bed and Observation patients whose blood glucose < 50 excluding newborns	Number of blood glucose measurements (per lab reports, FBG, EMG, Charge Data, etc.) for Acute Care, SNF, Swing Bed and Observation patients excluding newborns	*
	<b>RO</b>	<b>Outcome</b>	Number of ICD-10 coded hypoglycemic medication-related adverse drug events, not present on admission	Number of discharges for Medicare Part A Acute Care patients	**
<b>Antibiotic Care</b>					
	<b>OS</b>	<b>Outcome</b>	Number of lab measurements for Acute Care, SNF, Swing Bed and Observation patients on Warfarin whose Documented INR > 5	Number of INR lab measurements for Acute Care, SNF, Swing Bed and Observation patients on Warfarin	*
	<b>RO</b>	<b>Outcome</b>	Number of ICD-10 coded antibiotic-related adverse drug events, not present on admission	Number of discharges for Medicare Part A Acute Care patients	**

Compass HQIC Measures Updated 2/01/2023 | 2

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### Sepsis Bundle

FAQ

Q: For the sepsis bundle measure (NQF0500 or SEP-1), should we include ED sepsis patients that are never admitted as inpatients?

A: For the HQIC sepsis bundle measure, follow the definition of NQF 0500 and include only inpatients 18 years and older with a diagnosis of sepsis, severe, sepsis or septic shock. This does not include ED sepsis patients that are not admitted as inpatients. Transfers in from another facility and patients discharged within 6 hours are also excluded. However, documenting and tracking bundle compliance in ED sepsis patients is a best practice. We recommend tracking ED sepsis patients separately since it is not part of the HQIC measure set.

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**2023 CDC NHSN training**  
March 21-March 23, 2023  
<https://www.cdc.gov/nhsn/pdfs/training/nhsn-training-agenda-508.pdf>



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*It's All About the Data*  
**Administrative Claims**

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**Focus on the Hospital Discharge dataset**



1. Health care data and the UB-4  
Brenda Olson



2. Where the data flows  
Sally Othmer



3. Using claims data for quality  
Eric Cook-Wiers

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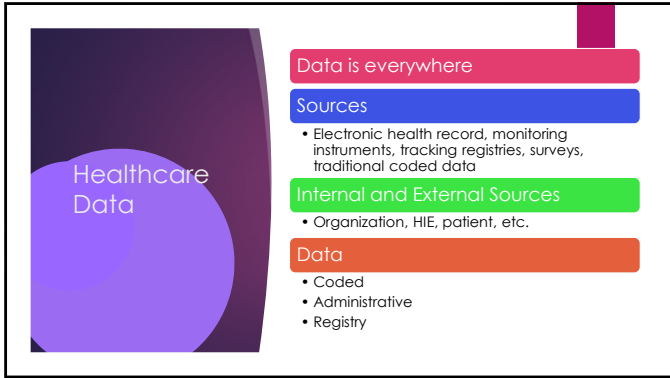
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Healthcare Data

- Data is everywhere**
- Sources**
  - Electronic health record, monitoring instruments, tracking registries, surveys, traditional coded data
- Internal and External Sources**
  - Organization, HIE, patient, etc.
- Data**
  - Coded
  - Administrative
  - Registry

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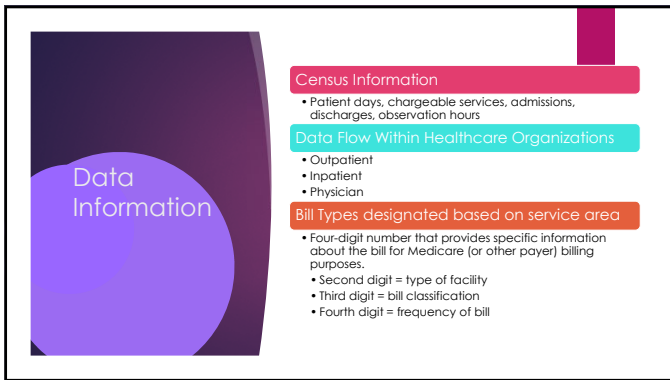
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Data Information

- Census Information**
  - Patient days, chargeable services, admissions, discharges, observation hours
- Data Flow Within Healthcare Organizations**
  - Outpatient
  - Inpatient
  - Physician
- Bill Types designated based on service area**
  - Four-digit number that provides specific information about the bill for Medicare (or other payer) billing purposes.
    - Second digit = type of facility
    - Third digit = bill classification
    - Fourth digit = frequency of bill

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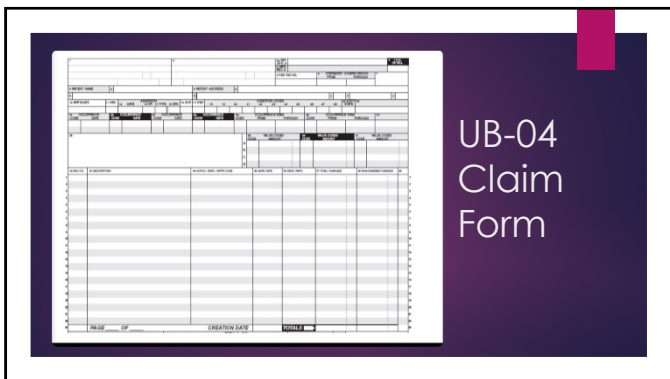
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UB-04 Claim Form

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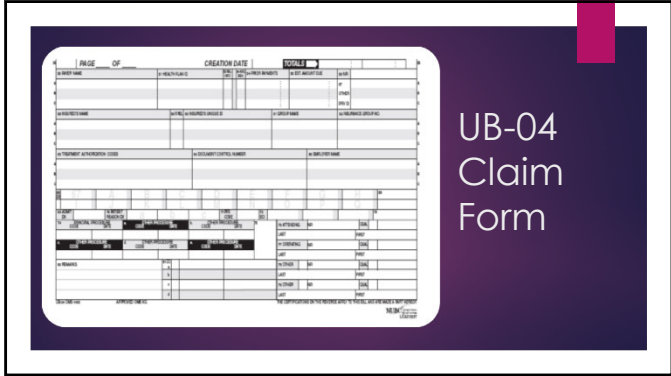
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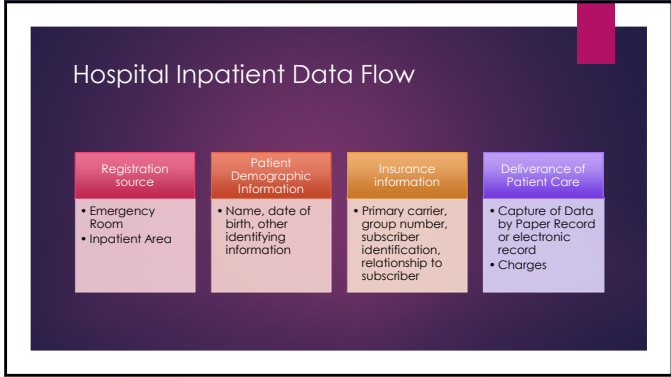
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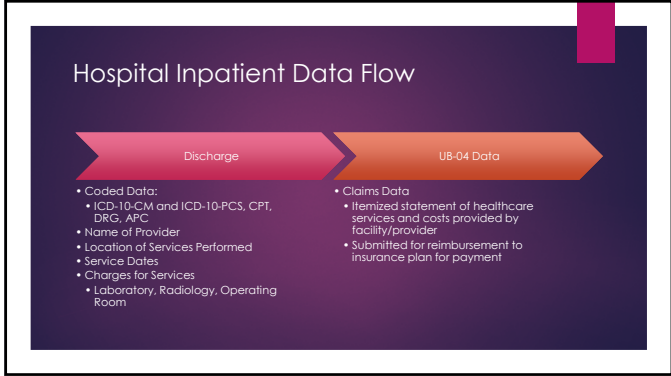
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Healthcare Data Types - Diagnostic

Data obtained when diagnoses or reasons for visit are coded with a diagnostic classification system

Examples

ICD-10-CM	DRG (diagnosis-related groups)	MS-DRGs
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Healthcare Data Types - Procedural

Data obtained when procedures are coded using a procedural classification system

Examples

ICD-10-PCS - inpatient procedures	CPT - outpatient procedures	HCPCS - generally drugs and supplies	APCs - Ambulatory Payment Classification
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Healthcare Data Types - Pharmacy

- ▶ Drug Classification
  - ▶ NDCs (National Drug Codes) to describe drugs by hospital and retail pharmacies:
    - ▶ Size of package
    - ▶ Dosage formulation of drug
    - ▶ Drug name (generic vs. brand name)
    - ▶ Manufacturer
    - ▶ Found in Pharmacy system file
    - ▶ Coded as prescription is ordered
  - ▶ Therapeutic Classification: Categorizes drug products
  - ▶ RxNorm: naming system for prescription and over-the-counter drugs produced by the National Library of Medicine
  - ▶ Allows providers to standardize the naming conventions and identifiers for drugs

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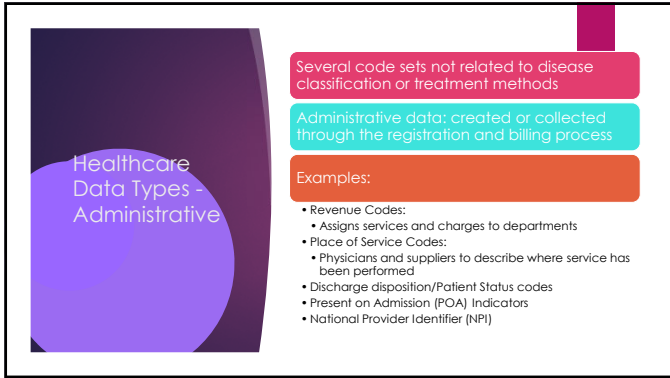
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Healthcare Data Types - Administrative

Several code sets not related to disease classification or treatment methods

Administrative data: created or collected through the registration and billing process

Examples:

- Revenue Codes:
  - Assigns services and charges to departments
- Place of Service Codes:
  - Physicians and suppliers to describe where service has been performed
- Discharge disposition/Patient Status codes
- Present on Admission (POA) Indicators
- National Provider Identifier (NPI)

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HIDI Data

- The KHA discharge data contains patient level records detailing each visit including:
  - Admit and discharge dates
  - Admit type and discharge status
  - All diagnosis codes
  - All procedure codes
  - Patient demographics (like gender, age, race, ethnicity, county, zip)
  - There is no patient identifier

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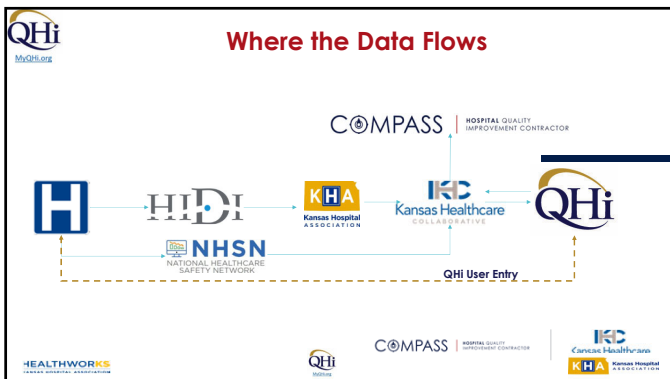
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Where the Data Flows



Hospitals submit Discharge (Administrative) data monthly to HIDi (Hospital Industry Data Institute)  
 Hospitals submit both inpatient and outpatient data directly to KHA through HIDi  
 Outpatient data includes Emergency Department visits as well

- The KHA discharge data contains patient level records detailing each visit including:
- o Admit and discharge dates
  - o Admit type and discharge status
  - o All diagnosis codes
  - o All procedure codes
  - o Patient demographics (like gender, age, race, ethnicity, county, zip)
  - o There is no patient identifier

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Where the Data Flows



- HIDi is a data company within the Missouri Hospital Association
- HIDi provides edit reports to **verify accuracy** of data submitted
- Monthly submissions are due 45 days after the end of the month
- KHA maintains a list of contacts that submit data for each facility  
*Those that submit the data are typically in the HIM or IT departments of hospitals*
- **Dee Lewis, KHA** sends reminders to contacts prior to each close

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Where the Data Flows



- KHA closes the monthly submissions on the 15<sup>th</sup> of the month to support the HQIC Compass program
  - January submission was closed on March 15
- Following each monthly close, HIDi provides the raw data to KHA
- KHA pulls the data into Access and provides monthly data sets to KHC

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Where the Data Flows



- KHC pulls quality measures from the KHA data sets and uploads into QHi
- Note:
  - KHA data sets are built on the Federal Fiscal Year – Oct thru Sept
  - The data sets are cumulative and can improve, becoming more complete and containing better quality data through the close of the year.



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Where the Data Flows



How do I see my data in QHi?

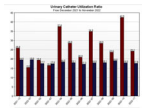
- Select measure set: **KHC Compass HQIC Other Sources** (NHSN & Administrative Claims)
- Run reports through Report Builder

Postoperative Sepsis Rate (AHRQ PSI 13, Administrative Claims), KHC Compass

Inactive surgical discharges for patients ages 18 years and older with any ICD-10-CA procedure codes for an operating room procedure. Denominator

Discharges, among cases meeting the inclusion and exclusion rules for the numerator, with any secondary ICD-10-CA diagnosis codes for sepsis (K08.010-019, J01.010-019)

	Nov 2022	Oct 2022	Sept 2022	Aug 2022
Denominator	3	4	2	2
Numerator	0	0	0	0



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Where the Data Flows



Limited Data Sets

- KHA limited data sets – released quarterly
  - Data sets are in Access
  - There is a processing fee – discounted for KHA member hospitals



Advantage Optics

HIDI publishes hospital discharge data to the HIDI Advantage portal

Advantage Optics - updated quarterly

- <https://secure.hididadvantage.net/>
  - Inpatient & Outpatient Hospital Level Data
  - Monthly Utilization Report



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**Where the Data Flows**

**Tableau-based platform dashboards:**

- 5 years of data to trend
- Updated quarterly – now current through December 2022
- Trend by State, County, Zip Code, MDC, DRG, Diagnosis, Procedure, Physician or Revenue Codes
- All KHA participating hospitals have free access
  - No limit to number of users
  - Requires CEO authorization

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**Where the Data Flows**

**New Executive Snapshot Dashboards**

- Preformatted easy to run reports by County, Zip, Hospital
- Inpatient, Emergency, surgery etc.
- Trend on 5 full fiscal years and current year

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**Where the Data Flows**

**KHA Data Committee Charge**

Provide leadership and guidance for KHA in the areas of health care data including:

- Conducting an analysis of current and future data/information product and service needs, along with an evaluation of existing products;
- Recommending priorities for KHA data products and services;
- Reviewing and update KHA data policies; and
- Identifying appropriate association strategies in the area of data.
- Reviewing data requests and recommending release of data to the KHA Board

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**Where the Data Flows**

**KHA Data Release Policy**

- Requires signed KHA Business Associate and Data Use Agreement
- Non-members do not have access to KHA data products without KHA board approval
- KHA Board may release data to public interest organizations and governmental agencies for use in health improvement and health policy development activities
- KHA Board may release data to other organizations/agencies for other purposes as long as the hospital has opportunity to withhold their data from release
- KHA shares data with other states to improve data products available to KHA members
- KHA staff may release aggregate or population based data that does not identify individual hospitals to public interest organizations and agencies for use in health improvement and health policy development activities
- KHA provides some fee-for-service products to members
- Release of KHA data to entities that resell or charge for services provided relative to the data is prohibited.
- Access to data at the system level is limited to those programs in which all facilities within the system participate.



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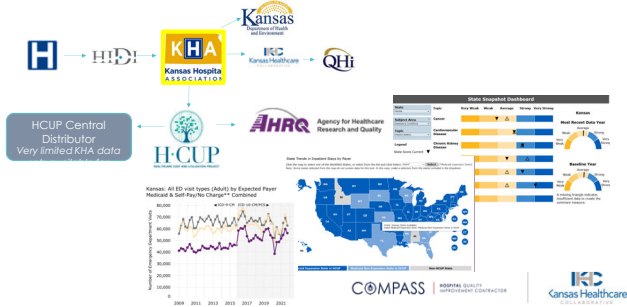
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**Where the Data Flows ...outside of KHA Membership**



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**Where the Data Flows**

*Thank you,  
from the KHA Data Team*

- ✓ HIDI Data Submission
- ✓ Access to Advantage Optics

- ✓ QHI Access and Training



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**Stuart Moore**  
Program Manager QHI  
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### Administrative Claims

What is so great about this database?

**For Research**

- + Available to researchers through the Healthcare Costs and Utilization Project (HCUP)
- + Can be considered "population-based"
- + ~97% of all US discharges
- + Standardized coding
- + In some states, can be linked with other data sets (not in KS)
- + Generally, a low level of "missingness"

**For Quality Improvement**

- + Convenient data source for some quality measures
- + Encounter-level **granularity**
  - Makes Stratification (or disaggregation) possible
  - Discussed in our Operationalizing Health Equity Practices webinar series with Kellie Goodson (August-October, 2022)

Mekic et al. (2019). Data resource profile: State Inpatient Databases. *International Journal of Epidemiology* 48(6), 1742-1742n.

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### Health Equity Organizational Assessment (HEOA)

Metric #	Category	Standard
1	Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
2	Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
3	Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
4	Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
5	Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
6	Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.
7	Culture & Leadership	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Mekic et al. (2019). Data resource profile: State Inpatient Databases. *International Journal of Epidemiology* 48(6), 1742-1742n.

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### Quality Measures

Kansas HQIC measures based on administrative claims data

Adverse Drug Events Originating During Hospital Stay, (AHRQ Statistical Brief # 109)	ADE
Opioid-Related Adverse Drug Events	ADE
Opioid Mortality	ADE
Manifestations of Poor Glycemic Control	ADE
Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions	ADE
Fail Rate Resulting in Fracture or Dislocation (CMS HAC)	Falls
Pressure Ulcer Rate, Stage 3+, (AHRQ PSI-03)	HAPI
Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II	HAPI
Postoperative Sepsis Rate (AHRQ PSI 13)	Sepsis
Sepsis Mortality	Sepsis
Post-Operative Pulmonary Embolism (PE or Deep Venous Thrombosis [DVT] Rate, (AHRQ PSI-12), (NQF 0450)	VTE

Mekic et al. (2019). Data resource profile: State Inpatient Databases. *International Journal of Epidemiology* 48(6), 1742-1742n.

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**Quality Measures**

Resources from AHRQ

- + Agency for Healthcare Research and Quality (AHRQ)
- + Four Measure Sets designed for the administrative claims data set:
  - Prevention Quality Indicators (PQIs)
  - Inpatient Quality Indicators (IQIs)
  - Patient Safety Indicators (PSIs)
  - Pediatric Quality Indicators (PQIs)
- + Benchmarking available through WinQI software (or SAS)

+ <https://qualityindicators.ahrq.gov>

Add a footer

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**New summary report**

Request for review and input

- + Looking for 4 or 5 volunteers to help review and offer feedback on a new hospital-level report summarizing your facility's hospital discharge data.

Email me if you're interested:  
ecook-wiens@khconline.org

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**KHC & Compass Resources, Updates, and Upcoming Events**

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**CMS COVID-19 Public Health Emergency**  
New Resource

**CMS Overview FACT Sheet**

[CMS Waivers, Flexibilities and the Transition Forward from the COVID-19 Public Health Emergency \(Link\)](#)

U.S Department of Health & Human Services Press Release 2/9/23 → [Fact Sheet: Covid-19 PHE Transition Roadmap \(Link\)](#)

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**"HQIC is My Compass" Project**  
Share your story!

Share your "HQIC is My Compass" story by completing one of the documents below and submit them to [compass@khconline.org](mailto:compass@khconline.org) (e-mail)

- [HQIC is My Compass Flyer 1](#)
- [HQIC is My Compass Flyer 2](#)

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**KHC Office Hours for Hospitals**

- + Register once for all sessions.
- + Save recurring appointment to your calendar.
- + Stay abreast of KHC program updates.
- + Learn from subject matter experts and peers.

**Up Next!**  
May 24, 2023, | 10:00-11:00a.m.  
Health Equity

KHC Office Hours series registration link:  
[www.khconline.org/officehours](https://www.khconline.org/officehours)

All sessions are held from 10 to 11 a.m. CST.  
Sessions will be recorded and posted to KHC Education Archive at:  
<https://www.khconline.org/events/recordings>

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**Questions?**



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**Next Steps**

- Update your Q.I. Work Plan for 2023 using the IHC Portal
  - If you haven't set up your access to the IHC Portal, or started your QI work plan for 2023 please do so ASAP
  - Compass Portal Manual for KS Hospitals now available
- Ensure data entry is current and timely
- Log into iCompass Forum and iCompass Academy to engage and learn
- Watch your inbox for the Compass Navigator on April 1st

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**Have Questions, Need Help?**

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**Thank you for joining us.**

**We invite your feedback.**

What was a key take-away?  
What are 3 next steps based on the information shared?

Please complete our brief feedback survey.



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