



SDPS MEMORANDUM

MEMO NBR: 08-350-PN

DATE: October 20, 2008

SUBJECT: Change in Composition of the National Inpatient Hospital Quality Pneumonia Measure Set

TO: SDPS AMI-HF Point of Contact, SDPS ANA Point of Contact, SDPS CDAC Point of Contact, SDPS CEO Point of Contact, SDPS COMM Point of Contact, SDPS DBA Point of Contact, SDPS HCQIP Point of Contact, SDPS HRI Point of Contact, SDPS MEDPCC Point of Contact, SDPS PNE Point of Contact, SDPS SIP Point of Contact, SDPS UNDRSVD Point of Contact

FROM: James Poyer, M.S, M.B.A.
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CMS/OCSQ/QIG

This communication is to notify you of a change in composition of the Pneumonia Measure Set for two pneumonia measures common to the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission. These changes are pursuant to the final Inpatient Prospective Payment System Rule (IPPS) published on July 31, 2008. The two common measures will be retired from the Pneumonia Measure Set and the “retired” designation will be noted in the version 2.6 Specifications Manual for National Hospital Quality Measures effective for April 1, 2009 through September 30, 2009 discharges. This communication provides notice prior to publication of version 2.6 of the manual. The following measures will be retired:

PN-1 Oxygenation Assessment: Will be retired effective with discharges on or after January 1, 2009.

Rationale for retirement: The vast majority of hospitals are performing near 100 percent. In addition, oxygenation assessment is routinely performed by hospitals for admitted patients without regard to the specific diagnosis. Thus, the measure is topped out so completely across virtually all hospitals as to provide no significant opportunity for improvement. We believe that the burden to hospitals to abstract and report these data outweighs the benefit in publicly reporting hospital level data with very little variation among hospitals.

Reporting of data for PN-1

CMS ONLY

- For first quarter 2009 (January 1 through March 31, 2009), PN-1 can be transmitted to the CMS QIO Clinical Data Warehouse on a voluntary basis not associated with the RHQDAPU program. In order to report PN-1 in first quarter 2009, PN-1 must be selected in Measure Designation. It will no longer be pre-selected as a RHQDAPU measure in Measure Designation.
- Data for 1st quarter 2009 must be received at the Clinical Data Warehouse no later than August 15, 2009.
- Data transmitted for this quarter only may be suppressed from public reporting on Hospital Compare.
- Cases containing data elements related to PN-1 will be rejected from the warehouse beginning with 2nd quarter 2009 submissions.

JOINT COMMISSION ONLY:

- The last transmission of PN-1 data to The Joint Commission will be for those discharges occurring in the 4th quarter 2008.
- Data for 4th quarter 2008 must be received at The Joint Commission no later than April 30, 2009
- Cases containing data elements related to PN-1 will be rejected from The Joint Commission's data warehouse beginning with 2nd quarter 2009 submissions.

PN-5b Initial Antibiotic Received Within 4 Hours of Hospital Arrival: Will also be retired effective with discharges on or after January 1, 2009. Effective with discharges on or after January 1, 2009, the measure will be calculated using the updated and National Quality Forum (NQF) endorsed timing interval of 6 hours. Technical specifications have not changed, and hospitals will continue to submit the same data elements that they currently submit.

Rationale for retirement: The NQF has revised its endorsement of the specifications to reflect that the initial antibiotic must be received within 6 hours of hospital arrival.

In April 2007, the NQF removed its endorsement of the 4 hour antibiotic timing measure (PN-5b) and endorsed the 6 hour antibiotic timing measure (PN-5c). This was done to address unintended consequences with the 4 hour measure and to align with the most current joint Infectious Diseases Society of American/American Thoracic Society (IDSA/ATS) Guidelines. Because of its status as a Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) measure for fiscal years 2008 and 2009, data for PN-5b could not be retired until addressed in the subsequent IPSS rule published on July 31, 2008. In the Final FY 2009 IPSS Rule and in the RHQDAPU program this measure is referred to as “**Timing of receipt of initial antibiotic following hospital arrival.**”

Reporting of data for PN-5b

CMS ONLY

- The last transmission of PN-5b data to the CMS QIO Clinical Data Warehouse will contain 4th quarter 2008 data.
- Data for 4th quarter 2008 must be received no later than May 15, 2009.
- Submission of PN-5c will be required for the RHQDAPU program beginning with 1st quarter 2009 data.

JOINT COMMISSION ONLY

- The last transmission of PN-5b data to The Joint Commission will be for those discharges occurring in the 4th quarter 2008.
- Data for 4th quarter 2008 must be received at The Joint Commission no later than April 30, 2009.

Please note that while measurement systems will need to address changes in their infrastructure to transmit data for PN-5c only, the hospitals will continue to collect and submit the same antibiotic timing data that they currently collect and submit.

Please notify your internal point of contact if you have any questions. He/she may contact the Hospital Reporting Program QIOSC at hrpqiosc@iaqio.sdps.org if information and/or assistance are needed.

Please notify your internal point of contact if you have any questions. He or she may contact the QualityNet Help Desk if additional information and/or assistance are needed.