10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

I. Total # of Reviews – The total number of reviews the QIO performed by the associated review type.

Review Type	Number of Reviews	Percent of Reviews (%)
Coding Validation (120 - HWDRG)	185	19.28%
Coding Validation (All Other Selection Reasons)	6	0.62%
Quality of Care Review (101 through 104 -Beneficiary Complaint)	13	1.35%
Quality of Care Review (All Other Selection Reasons)	154	16.05%
Utilization (158 - FI/MAC Referral for Readmission Review)	0	0
Utilization (All Other Selection Reasons)	363	37.81%
Notice of Non-coverage (105 through 108 - Admission and Preadmission)	0	0
Notice of Non-coverage (118 - BIPA)	66	6.88%
Notice of Non-coverage (117 - Grijalva)	128	13.33%
Notice of Non-coverage (121 through 124 -Weichardt)	38	3.96%
Notice of Non-coverage (111-Request for QIO Concurrence)	5	0.52%
EMTALA 5 Day	2	0.20%
EMTALA 60 Day	0	0
TOTAL	**960**	

10th SOW C.6 BFCC Deliverable B.4 Template

Annual Report of QIO Case Review Information

HealthInsight - Utah

II. Top 10 Principal Medical Diagnoses – The top 10 principal medical diagnoses for inpatient claims billed for Medicare beneficiaries.

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries (%)
1. 0389 – Unspecified septicemia	2163	16.17%
2. 71536 - Osteoarthrosis, localized, not specified	2132	15.94%
3. 486 – Pneumonia, organism unspecified	1979	14.80%
4. V5789 - Specified rehabilitation procedure	1494	11.17%
5. 42731 – Atrial fibrillation	1067	7.98%
6. 5849 – Acute kidney failure	1053	7.87%
7. 41401 - Coronary atherosclerosis of native coronary artery	1018	7.61%
8. 71535 - Osteoarthrosis, localized, not specified whether primary or secondary, pelvic region and thigh	830	6.21%
9. 43491 - Cerebral artery occlusion, unspecified with cerebral infarction	823	6.15%
10. 5990 – Unspecified urinary tract infection	816	6.10%
TOTAL	**13,375**	**100.00%**

III. Provider Reviews Geographics – The count and percent by geographical locations for health service providers (HSPs) associated with a completed QIO review.

Geographical Area	Number of Providers	Percent of Providers (%)
Rural	23	25.84%
Urban	66	74.16%
Unknown	0	0.00%
TOTAL	**89**	**100.00%**

10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

IV. Provider Reviews Settings – The count and percent by setting for health service providers (HSPs) associated with a completed QIO review.

Setting	Number of Providers	Percent of Providers (%)
0 - Acute Care Unit of an Inpatient Facility	28	31.46%
1 - Distinct Psychiatric Facility	1	1.12%
2 - Distinct Rehabilitation Facility	2	2.25%
3 - Distinct Skilled Nursing Facility	40	44.94%
5 - Clinic	0	0.00%
6 - Distinct Dialysis Center Facility	0	0.00%
7 - Dialysis Center Unit of Inpatient Facility	0	0.00%
8 - Independent Based RHC	0	0.00%
9 - Provider Based RHC	0	0.00%
C - Free Standing Ambulatory Surgery Center	0	0.00%
G - End Stage Renal Disease Unit	0	0.00%
H - Home Health Agency	4	4.49%
N - Critical Access Hospital	1	1.12%
O - Setting does not fit into any other existing setting code	0	0.00%
Q - Long Term Care Facility	4	4.49%
R - Hospice	9	10.11%
S - Psychiatric Unit of an Inpatient Facility	0	0.00%
T - Rehabilitation Unit of an Inpatient Facility	0	0.00%
U - Swing Bed Hospital Designation for Short-Term, Long-Term Care, and Rehabilitation Hospitals	0	0.00%
Y - Federally Qualified Health Centers	0	0.00%
Z - Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	0	0.00%
TOTAL	**89**	**100.00%**

10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

A. Quality of Care Concerns Confirmed – The number of concerns by Quality of Care Category Code and the number that were confirmed at highest level of review for completed quality of care reviews.

Quality of Care Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns (%)
C01 - Apparently did not obtain pertinent history and/or findings from examination	1	1	100.00%
C02 - Apparently did not make appropriate diagnoses and/or assessments	3	0	0.00%
C03 - Apparently did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09) and procedures (see C07 or C08) and consultations (see C13 and C14]	3	1	33.33%
C04 - Apparently did not carry out an established plan in a competent and/or timely fashion	3	1	33.33%
C05 - Apparently did not appropriately assess and/or act on changes in clinical/other status results	3	1	33.33%
C06 - Apparently did not appropriately assess and/or act on laboratory tests or imaging study results	1	1	100.00%
C07- Apparently did not establish adequate clinical justification for a procedure which carries patient risk and was performed	23	11	47.83%
C08 - Apparently did not perform a procedure that was indicated (other than lab and imaging, see C09)	1	0	0.00%
C09 - Apparently did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10 - Apparently did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	82	3	3.66%
C11 - Apparently did not demonstrate that the patient was ready for discharge	50	3	6.00%
C12 - Apparently did not provide appropriate personnel and/or resources	2	1	50.00%
C13 - Apparently did not order appropriate specialty consultation	0	0	0.00%
C14 - Apparently specialty consultation process was not completed in a timely manner	0	0	0.00%

10th SOW C.6 BFCC Deliverable B.4 Template

Annual Report of QIO Case Review Information

HealthInsight - Utah

Quality of Care Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns (%)
C15 - Apparently did not effectively coordinate across disciplines	0	0	0.00%
C16 - Apparently did not ensure a safe environment (medication errors, falls, pressure ulcers, transfusion reactions, nosocomial infection)	4	1	25.00%
C17 - Apparently did not order/follow evidence-based practices	0	0	0.00%
C18 - Apparently did not provide medical record documentation that impacts patient care	2	2	100.00%
C99 - Other quality concern not elsewhere classified	2	1	50.00%
TOTAL	180	27	15.00%

B. Serious Reportable Events on Quality of Care Reviews - The number of quality improvement activities (QIAs) initiated for all quality of care reviews with confirmed concerns

# of QIAs Initiated	Number of QIAs Initiated for Serious Reportable Events	Percent of QIAs Initiated for Serious Reportable Events (%)
26	0	0%

10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

C. Confirmed Quality of Care Concerns with Associated Interventions – The number of initial quality improvement activities initiated, by activity type, for reviews with one or more confirmed quality of care concerns.

Initial Quality Improvement Activity	Number of Interventions (QIAs) with this Initial Quality Improvement Activity	Percent of Interventions (QIAs) with this Initial Quality Improvement Activity
1 - Send educational/alternative approach letter	22	85%
2 - Perform intensified review	0	0
3 - Require continuing education	0	0
4 - Request/review policy/procedure	0	0
5 - Request development of QIP	1	4%
6 - Accept provider-initiated QIP	1	4%
7 - Conduct informal meeting or teleconference	0	0
8 - Refer to licensing board	0	0
9 - Initiate sanction activity	0	0
10 - Other	2	7%
TOTAL	**26**	**100%**

10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

D. Discharge/Service Termination – Provide discharge location of beneficiaries linked to discharge/service termination reviews. **Note:** Data represents discharge/service termination reviews from 8/1/2011 – 4/30/2012, 8/1/2012 – 4/30/2013 and 8/1/2013 – 2/28/2014

Discharge Status	Number of Beneficiaries	Percent of Beneficiaries (%)
01 - Discharged to home or self care (routine discharge)	5	25.00%
02 - Discharged/transferred to another short-term general hospital for inpatient care	0	0.00%
03 - Discharged/transferred to skilled nursing facility (SNF)	7	35.00%
04 - Discharged/transferred to intermediate care facility (ICF)	0	0.00%
05 - Discharged/transferred to another type of institution (including distinct parts)	0	0.00%
06 - Discharged/transferred to home under care of organized home health service organization	6	30.00%
07 - Left against medical advice or discontinued care	0	0.00%
09 – Admitted as an inpatient to this hospital	0	0.00%
20 – Expired (or did not recover – Christian Science patient)	0	0.00%
21 – Discharged/transferred to court/law enforcement	0	0.00%
30 – Still a patient	0	0.00%
40 - Expired at home (Hospice claims only)	0	0.00%
41 - Expired in a medical facility (e.g. hospital, SNF, ICF or free standing Hospice)	0	0.00%
42 - Expired – place unknown (Hospice claims only)	0	0.00%
43 - Discharged/transferred to a Federal hospital	1	5.00%
50 - Hospice - home	0	0.00%
51 - Hospice - medical facility	0	0.00%
61 - Discharged/transferred within this institution to a hospital-based Medicare approved swing bed	0	0.00%
62 - Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital	0	0.00%
63 - Discharged/transferred to a long term care hospital	0	0.00%
64 - Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare	0	0.00%

10th SOW C.6 BFCC Deliverable B.4 Template

Annual Report of QIO Case Review Information

HealthInsight - Utah

Discharge Status	Number of Beneficiaries	Percent of Beneficiaries (%)
65 - Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	1	5.00%
66 - Discharged/transferred to a Critical Access Hospital	0	0.00%
70 - Discharged/transferred to another type of health care institution not defined elsewhere in code list	0	0.00%
Other	0	0.00%
TOTAL	**20**	**100.00%**

E. Beneficiary Demographics – Provide the number of beneficiaries for whom a case review activity was started, by demographic category, and the percent of beneficiaries each category represents.

Demographics	Number of Beneficiaries	Percent of Beneficiaries (%)
Sex/Gender	.	
Female	305	59.11%
Male	207	40.12%
Unknown	4	0.78%
TOTAL	**516**	**100.00%**
Race	.	
Asian	3	0.58%
Black	8	1.55%
Hispanic	7	1.36%
North American Native	4	0.78%
Other	7	1.36%
Unknown	5	0.97%
White	482	93.41%
TOTAL	**516**	**100.00%**

10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

F. Quality of Care Reviews and Concerns by Intervention Type

Quality of Care Concern	Provider Quality Improvement Activities
Hospital-issued Notice of Non-Coverage and rights to appeal a discharge from hospital order.	The provider acknowledged there was an opportunity for improvement to ensure that patients were provided the notice of non-coverage information prior to discharge and afford the patient their right to request an appeal of their discharge over the weekend. To ensure patients are properly notified of their Discharge Appeal rights, all patients with an unanticipated weekend discharge will be referred to and assisted by the facility's crisis social worker. This staff member will be responsible to verify the patient has received all the required Medicare patient rights information.
Adequate clinical justification for a procedure for patient with intractable pain	Practitioner was provided advice to consider an alternative approach to future care by creating a treatment plan that exhausted an adequate trial of conservative therapy prior to procedure.
Prevention of facility acquired pressure ulcers	The recommended quality improvement activities entailed the implementation of additional assessments tools and triggers beyond current internal best practice policies and physician prescribed catherizations. These additional prevention methods should tailor or customize the care plan treatment to meet the individual needs of the patient.

How Interventions Determined/Best Practices

Change in policy, procedure and staffing scope of responsibility	The provider determined the appropriate quality improvement plan based on the outcome from an internal root cause analysis.

10th SOW C.6 BFCC Deliverable B.4 Template
Annual Report of QIO Case Review Information
HealthInsight - Utah

G. Evidence Used in Decision-Making

Review Type	Diagnostic Categories	Evidence/ Standards of Care Used	Rationale for Evidence/Standard of Care Selected
Quality of Care	Pneumonia	AAFP	U.S. DHHS Agency
	Heart Failure	ACCF/AFA	National medical professional association
	Acute Myocardial Infarction	ACCF/AHA	National medical professional association
	Pressure Ulcers	AHRQ	U.S. DHHS Agency
	Urinary Tract Infection	AHRQ/AUA	U.S. DHHS Agency, National medical professional association
	Sepsis	AHRQ	U.S. DHHS Agency
	Adverse Drug Events	AHRQ	U.S. DHHS Agency
	Falls	AHRQ/AGS	U.S. DHHS Agency/ National medical professional association
	Patient Trauma	AHRQ	U.S. DHHS Agency
	Surgical complications	AHRQ	U.S. DHHS Agency
Medical Necessity/Utilization Review		InterQual	Commercial evidence-based clinical decision support criteria
Appeals		InterQual	Commercial evidence-based clinical decision support criteria

ACCF: American College of Cardiology Foundation
AHA: American Heart Association
AAFP: American Academy of Family Physicians
AHRQ: Agency for health Care Research & Quality
AUA: American Urological Association
AGS: American Geriatric Society
DHHS: U.S. Department of Health and Human Services

10th SOW C.6 BFCC Deliverable B.4 Template

Annual Report of QIO Case Review Information

HealthInsight - Utah

Case review topic	Linking to other QIO Aim	Evidence-based criteria referenced
Assessment and antibiotic use for patient with Urinary Tract infection	Reducing Adverse Drug Events (ADEs)	U.S. Department of Health and Human Services, Agency for Health Care Research & Quality; American Urological Association
Assuring that patient is stable for discharge and has appropriate outpatient treatment plan	Care transitions initiatives to reduce readmissions	U.S. Department of Health and Human Services, Agency for Health Care Research & Quality
Facility acquired pressure ulcers	Improve Individual Patient Care: Reduction of Pressure Ulcers	U.S. Department of Health and Human Services, Agency for Health Care Research & Quality

H. Effectiveness of QIAs

Beneficiaries correlate the quality of their health care outcome as the primary determinant of value. The BFCC Aim allows the QIO an opportunity to advocate for the beneficiary, review their quality of care concerns and provide improvement opportunities and accountability to the healthcare community.

In the examples provided, case review efforts afforded the identification of both system-wide improvements for a facility and improvements for practitioners to become aware and utilize evidence-base practices in their decision-making processes.

The unique combining of the quality of care case review process and quality improvement activities requires the health care provider to understand the patient's perspective, perform a root cause analysis and consider their actual current method of delivery system performance against current recognized standards and other 10th SOW Aims.