Medicare Partnerships for Quality
Cardiovascular Services Demonstration

APPLICATION SCORING GUIDELINES

These guidelines are intended to assist the technical expert in conducting a fair and consistent review of applications. Medicare Partners provide high quality, consistent clinical care, and have the capacity to handle all types of patients and complications. They exhibit an active commitment to ongoing quality improvement and they employ the information systems and organizational and administrative structures necessary to support high quality, coordinated, cost effective care.

Applications are structured and scored based on 11 clinical and organizational criteria. Each criterion has been assigned a weight ranging from 2.5 – 15 percent that indicates its importance in identifying a Medicare Partner. A higher weight indicates a criterion with more importance in defining a quality partner. High ranking criteria include program volumes, mortality and complication outcomes, quality management, and caregiver team experience and education. There is no pre-determined score an applicant must achieve in order to be recommended; however, applicants are expected to meet the minimum procedure volumes listed below:

Procedure Category	ICD 9 CM Procedure Codes	Minimum Annual *Hospital Volume (Patients)*
Adult Cardiac Surgery: CABG,Valves	***Valves*-35.10-35.14; 35.20-35.28, 35.33**	**400**
	***CABG*-36.10-36.17, 36.19**	
Percutaneous Coronary Interventions (PCI)	**35.96,36.01,36.02,36.05, 36.07, 36.09, 37.34**	**500**

Scoring

Raw scores for each criterion range from 0 – 5 in whole numbers, with 0 indicating the applicant does not meet minimum generally acceptable standards for the criterion and 5 indicating the applicant exceeds generally acceptable standards for the criterion.

The application is divided into 11 sections corresponding to the clinical and organizational criteria. However, reviewers should feel free to consider any relevant information provided in the application, regardless of where it is found, in scoring each of the sections. Evaluators should thoroughly review each application before scoring. When recording scores, include notes regarding applicants' particular strengths and weaknesses related to each criterion, as appropriate. The CMS project officer is readily available to answer any questions you may have about the scoring criteria.

Raw scores for each criterion will be weighted, then all weighted scores will be totaled to obtain an overall weighted score for the application. Since there is no minimum or maximum number of applications that should be recommended, panelists should judge each application on its individual merits.

Panel Discussion Meetings

Primary and secondary readers will summarize each application, then the floor will be opened to the panel for further discussion. The primary reader should be prepared to describe the application, discuss the strengths and weakness of the application by criterion, and share a recommendation regarding whether or not he/she believes the applicant should be chosen as a Medicare Partner, based on the quality criteria examined. The secondary reader should be prepared to either confirm or challenge the primary reader's interpretation, culling out any additional or interesting material of note in the application.

During panel discussion, reviewers will be given an opportunity to revise their scores and/or comments. (Using a pencil when scoring the applications will make this easier.) Each reviewer will then be asked whether or not to recommend the applicant as a Medicare Partner, based on the application review and scores given. Individual reviewers' scores will not be averaged. CMS will consider the recommendations and scores of each panelist in making a final determination on each application.

Applicant Facility Name: _____

Reviewer ID: _____

Date of Panel Review: _____

Scoring Summary

No	Criterion	Weight	Score	Weighted Score
1	Annual Program Volumes and Appropriateness of Intervention	15%		
2	Mortality and Complications	15%		
3	Quality Management Activities	15%		
4	Functional Status	5%		
5	Utilization Management	5%		
6	Customer Satisfaction	5%		
7	Promotion of New Knowledge	2.5%		
8	Cardiac Care Team Education and Experience	15%		
9	Range of Services	10%		
10	Cardiac Care Management and Organization	10%		
11	Patient Services and Community Outreach	2.5%		
	Total	**100%**		

General Comments:

Panelist Recommendation:

☐ **Applicant IS Recommended** ☐ **Applicant is NOT Recommended**

Criterion I
Annual Program Volumes and Appropriateness of Intervention (Weight = 15%)

This criterion reflects minimum hospital and individual physician volumes as well as activities the applicant undertakes to measure the appropriateness of clinical interventions.

Comments					
Raw Score:		**x Weight:**	**0.15**	**= Weighted Score:**	

Criterion II
Mortality & Complications (Weight = 15%)

This criterion emphasizes the importance of being able to measure and track mortality and morbidity rates on a risk-adjusted or risk-stratified basis for each procedure, and the importance of applicants auditing the quality of their data, monitoring it, and comparing it to some external benchmark(s).

Comments					
Raw Score:		**x Weight:**	**0.15**	**= Weighted Score:**	

Criterion III
Quality Management Activities (Weight = 15%)

This criterion specifies the type of quality improvement structures and processes that should be in place for a Medicare Partner, including who should be represented in morbidity and mortality conferences, the existence of external peer review, and the use of clinical pathways.

Comments					
Raw Score:		**x Weight:**	**0.15**	**= Weighted Score:**	

Criterion IV
Functional Status (Weight = 5%)

This criterion reflects the importance of overall improvement in patients' health after intervention. Functional status evaluations using disease appropriate tools and results shared with providers are emphasized.

Comments					
Raw Score:		**x Weight:**	**0.05**	**= Weighted Score:**	

Criterion V

Utilization Management (Weight =5%)

This criterion evaluates the facility's efforts to track and trend readmissions and emergency room visits post-discharge, and to take follow-up action as appropriate through a CQI process.

Comments					
Raw Score:		**x Weight:**	**0.05**	**= Weighted Score:**	

Criterion VI

Customer Satisfaction (Weight = 5%)

"Customer" here includes patients as well as referring and participating providers. Selected sites are expected to measure satisfaction and use these data to improve services.

Comments					
Raw Score:		**x Weight:**	**0.05**	**= Weighted Score:**	

Criterion VII

Promotion of New Knowledge (Weight = 2.5%)

A Medicare Partner is expected to promote the advancement of knowledge in cardiac care. However, this does not require that the program have its own teaching program or be an affiliate of another program.

Comments					
Raw Score:		**x Weight:**	**0.025**	**= Weighted Score:**	

Criterion VIII
Cardiac Care Team Education and Experience (Weight =15%)

Specialty-specific minimum procedural volume requirements are specified (see program volumes). In addition, this criterion establishes "value-added" physician qualifications (turnover, years experience, etc.), which indicate stability within the center's core physician staff. Data for non-physician cardiac staff allow reviewers to better evaluate program stability.

Comments					
Raw Score:		**x Weight:**	**0.15**	**= Weighted Score:**	

Criterion IX
Range of Services (Weight =10%)

The applicant is expected to provide a substantial range of services and be able to handle a full range of patients and potential complications.

Comments	

Raw Score:		x Weight:	0.10	= Weighted Score:	

Criterion X
Cardiac Care Management and Organization (Weight = 10%)

This criterion focuses attention on the infrastructure and leadership required for a well-managed cardiac care program. Programs with strong leadership involved in the financial as well as clinical administration are more likely to be successful demonstration sites.

Comments	

Raw Score:		x Weight:	0.10	= Weighted Score:	

Criterion XI
Patient Services and Community Outreach (Weight = 2.5%)

This criterion is intended to reflect a service orientation toward patients and the community, as reflected in the amenities they provide (e.g., housing and transportation) and other community outreach activities.

Comments	

Raw Score:		**x Weight:**	**0.025**	**= Weighted Score:**	

CMS Medicare Partnerships for Quality Cardiovascular Services Demonstration Application

TABLE OF CONTENTS

No.		Page
• Instructions		1
• Applicant Information		2
• Checklist for Application Submission		3
• Background Data & Supporting Information		4
• Clinical and Organizational Quality Criteria		
I.	Annual Program Volumes and Appropriateness of Initial Intervention	5
II.	Mortality & Complications	8
III.	Quality Management (TQM/CQI) Activities	13
IV.	Functional Status	16
V.	Utilization Management	17
VI.	Customer Service	19
VII.	Promotion of New Knowledge	22
VIII.	Cardiac Care Team Education and Experience	23
IX.	Range of Services	29
X.	Cardiac Care Management and Organization	31
XI.	Patient Services and Community Outreach	33

Instructions

All responses will be considered confidential and used solely for the purpose of deciding which applicants will be invited to participate in the demonstration. However, if selected as a demonstration site, non-proprietary information may be subject to public disclosure under the Freedom of Information Act.

Where data is requested by year, please provide the most recent period for which complete data is available (fiscal or calendar year) and, if fiscal year, specify the time period for which the information applies.

When reporting by ICD-9-CM procedure code or DRG code, please use the following codes, as applicable. Please provide data at the most specific level at which it is available.

	ICD-9-CM Procedure Codes1	DRGs2
CABG Surgery	36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19	106, 107, 109
Valve Surgery	35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22 35.23, 35.24, 35.25, 35.26, 35.27, 35.28	104, 105
Thoracic Aorta Surgery	38.45	110, 111
CABG/Valve Combination Surgery	36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, and/or 36.19 **with** 35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22 35.23, 35.24, 35.25, 35.26, 35.27, 35.28	106, 107, 109
CABG/Thoracic Aorta Combination Surgery	36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, and/or 36.19 **with** 38.45	106, 107, 109
Valve/Thoracic Aorta Combination Surgery	35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22 35.23, 35.24, 35.25, 35.26, 35.27, 35.28 **with**	104, 105
PCI	36.01, 36.02, 36.03, 36.04, 36.05, 36.06, 36.07, 36.09	516, 517, 518, 526, 527
Diagnostic Cardiac Catheterization	37.21, 37.22, 37.23	N/A for this application

Responses to narrative questions should be kept to the recommended response length as suggested. They should specifically address the question asked. Supplemental material may be included so long as it is directly responsive to one of the questions in the application. Please indicate on any supplemental material the section number and question number it addresses.

Applicants must submit one (1) unbound original and two (2) complete paper copies of the application, attachments and supplemental materials. One (1) electronic copy of the application should be submitted on the enclosed disk.

1 The International Classification of Diseases, 9th Revision, Clinical Modification
2 DRG grouper version 20, effective Federal fiscal year 2003 (10/1/2002 – 9/30/2003)

Applicant Information

Hospital Name: _____

Hospital Medicare Provider Number: _____

Physical Address:

_____

_____

_____

Mailing Address (if different):

_____

_____

_____

Fiscal Intermediary: _____

Carrier Used by Physicians Practicing At this Hospital: _____

Contact Person & Title: _____

Telephone: _____

Fax: _____

Email Address: _____

Checklist for Application Submission

☐ 1. Cover letter signed by the most senior hospital official:

a. attesting to the accuracy of the information provided in the application,

b. affirming the administrative and billing capabilities required under this demonstration, and

c. stating that the hospital's interest in participating has the approval and the support of its governing body, medical staff and other appropriate committees

☐ 2. Cover letter signed by relevant physician groups and departments involved affirming their understanding of and support for the demonstration

☐ 3. One (1) unbound original and two (2) complete paper copies of the application (including all attachments and supplemental materials)

☐ 4. One (1) completed disk of the application

Background Data & Supporting Information

1. Please select the phrase that best describes your facility.

- ☐ General Medical/Surgical Hospital
- ☐ Heart Center
- ☐ Other (Please specify): _____

2. Please indicate the beginning month of your fiscal year (FY) time period. Beginning month: _____

3. Complete the following table for the most recent 3 year period. Indicate fiscal year or calendar year.

Table 1: Facility Capacity

☐ FY: ___/___/_____ - ___/___/_____ ☐ CY	2000	2001	2002
Total Number of Beds (exclude OB, nursery, sub-acute & long term care)			
Total Discharges (exclude OB, nursery, sub-acute & long term care)			
Total Medicare Discharges (subset of total discharges, above)			

4. Please provide copies of the following documents.

Attached

- ☐ a) A map indicating your primary service area
- ☐ b) Reports from the past two years of any and all databases in which you participate for tracking cardiac outcomes
- ☐ c) Reports from the past two years documenting how you regularly track mortality rates for all of your patients (provide only if not included in b) above)
- ☐ d) Reports from the past two years documenting how you regularly track morbidity rates for all of your patients (provide only if not included in b) above)
- ☐ e) If hospital outcomes reporting is mandatory in your state, reports from the past two years
- ☐ f) Your current cardiac care quality improvement plan
- ☐ g) A list of all patient clinical pathways, guidelines or protocols in use in your cardiac program (Indicate which pathways are used for "common" complications for cardiac patients)
- ☐ h) Three examples of patient clinical pathways, guidelines or protocols currently in use in your cardiac care program
- ☐ i) Your most recent cardiac pathway variance report
- ☐ j) The final report for one quality improvement project within the last three years related to the cardiac services covered under this demonstration
- ☐ k) Your hospital patient safety plan
- ☐ l) Your hospital medical error reduction plan
- ☐ m) Your most recent patient satisfaction survey report
- ☐ n) Your most recent provider satisfaction survey report

☐ o) CVs for each of your Cardiac Care Program leaders (Directors and Section Chiefs)

CLINICAL AND ORGANIZATIONAL QUALITY CRITERIA

Section I. Annual Program Volumes & Appropriateness of Initial Intervention

1. Please indicate how you measure appropriateness ***pre-procedure.***

☐ ACC/AHA Criteria

☐ Do not measure appropriateness pre-procedure (Skip to question 4)

☐ Other (Please specify) _____

_____

2. How long have you been measuring appropriateness pre-procedure?

☐ 1 year or less

☐ 2 years

☐ 2 – 5 years

☐ > 5 years

3. Complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 2: Total Program Volume by DRG and ACC/AHA Appropriateness Criteria

Instructions:
1.
2.
patients. Count relevant ICD-9-CM codes as defined in the instructions on Page 1. Therefore, patients receiving multiple procedures (e.g., both a PCI and CABG) will be counted multiple times in the table.
3.
4.

☐ FY: __/__/____ - __/__/____ ☐ CY		PCI		CABG		Valve Surgery	
		2001	2002	2001	2002	2001	2002
Class 1	Number						
	Percent						
Class 2 (A and B)	Number						
	Percent						
Class 3	Number						
	Percent						

Instructions:

1.
2.
   patients. Count relevant ICD-9-CM codes as defined in the instructions on Page 1. Therefore, patients receiving multiple procedures (e.g., both a PCI and CABG) will be counted multiple times in the table.
3.
4.

☐ FY: __/__/____ - __/__/____ ☐ CY	PCI		CABG		Valve Surgery	
	2001	2002	2001	2002	2001	2002
TOTAL						

4. Complete the following tables for the most recent two year period. Indicate fiscal year or calendar year.

Table 3: Program Volumes for Coronary Vascular Procedures, by ICD-9-CM Procedure Code and Approach

Instructions: 1. receiving multiple procedures (e.g., both a PCI and CABG) will be counted multiple times in the table. 2.		
☐ **FY: ___/___/_____ - ___/___/_____** ☐ **CY**	**Total Number of Procedures**	
	2001	2002
Coronary Artery Bypass Surgery Only		
1 distal anastomosis		
2-3 distal anastomoses		
>3 distal anastomoses		
Total # CABG Only Procedures		
Percent with Arterial Conduit		
Valve Surgery Only		
Aortic Valve Replacements		
Mitral Valve Replacements		
Mitral Valve Repairs		
Multiple Valve Surgery		
Total # Valve Only Surgeries		
Valve & CABG Combination Surgery		
1 distal anastomosis		
2-3 distal anastomoses		
>3 distal anastomoses		
Total # Valve & CABG Combination Surgeries		
Total # Thoracic Aortic Only Surgeries		
Total # Valve/Thoracic Aortic Combination Surgeries		

Instructions:

1.
receiving multiple procedures (e.g., both a PCI and CABG) will be counted multiple times in the table.

2.

☐ FY: ___/___/_____ - ___/___/_____ ☐ CY	Total Number of Procedures	
	2001	2002
Total # CABG/Thoracic Aortic Combination Surgeries		
Percutaneous Cardiac Interventions		
Total # PCIs		
Percent PCIs involving stent(s)		
Average number of stents per patient		
Percent PCIs with Intravascular Ultrasound (IVUS) Guidance		
Percent PCIs performed after acute AMI		
Total # Diagnostic Cardiac Catheterizations		

Section II. Mortality & Complications

1. In which national, regional, or local outcomes tracking database do you currently participate? How long have you participated?

Participate	No. of Yrs/Mos	
☐		Do not currently participate
☐	_____	Society for Thoracic Surgery (STS) (Skip to question 3)
☐	_____	American College of Cardiology (ACC) (Skip to question 3)
☐	_____	Northern New England Cardiovascular Cooperative Group (NNECG) (Skip to question 3)
☐	_____	State Mandated Database (Skip to question 3)
☐	_____	Department of Veterans Affairs (VA) (Skip to question 3)
☐	_____	Other (Please specify, then skip to question 3)

_____

_____

2. Answer the questions in the following table by checking off your 'Yes' or 'No' response. Complete this table only if you responded, "Do not participate" to question #1 above.

Table 4: Internal Mortality and Complications Outcomes Tracking

		N	Y	If Yes, Explain
a. Do you track rates internally? If no for both, skip to question #3.	Mortality			Complete the remaining Mortality-related questions in this table.
	Complications			Complete the remaining Complication-related questions in this table.
b. Do you compare these rates to external benchmarks?	Mortality			Which ones and how often?
	Complications			Which ones and how often?

		N	Y	If Yes, Explain
c. Do you risk adjust/stratify these rates?	Mortality			Check off the risk factors used. CABG/Valve ☐ Age ☐ Gender ☐ Left main disease ☐ No. of vessels ☐ Urgency of operation ☐ Prior surgery ☐ Ejection fraction ☐ Other (please specify) _____ PCI ☐ Age ☐ Urgency of procedures ☐ Indication ☐ Lesion type ☐ Ejection fraction ☐ Other (please specify) _____
	Complications			Check off the risk factors used. CABG/Valve ☐ Age >75 years ☐ History of hyperlipidemia ☐ Hypertension ☐ Metabolic syndrome ☐ Obesity ☐ Diabetes ☐ Prior surgery ☐ Smoking ☐ Family history ☐ Other (please specify) _____ _____ PCI ☐ Age >75 years ☐ History of hyperlipidemia ☐ Hypertension ☐ Metabolic syndrome ☐ Obesity ☐ Diabetes ☐ Prior surgery ☐ Smoking ☐ Family history ☐ Other (please specify) _____ _____

3. Do you calculate an expected as well as an observed rate for mortality?

☐ Yes (Show the rates for the most recent two year period. 2001 _____ 2002 _____)

Please describe how you calculate expected:observed mortality rates: _____

_____

_____

☐ No

4. Do you calculate an expected as well as an observed rate for complications?

☐ Yes (Show the rates for the most recent two year period. 2001 _____ 2002 _____)

Please describe how you calculate expected:observed complication rates: _____

_____

_____

☐ No

5. Complete the following table for the most recent two year period.

Table 5: Number of Deaths Following Cardiac Procedures, by ICD-9-CM Procedure Code

Instructions:

1. **Enter the number of deaths based on the ICD-9-CM procedure code(s) identified in the instructions on Page 1.**
2. **performed. This may be after 30 days. Those deaths occurring after discharge from the hospital, but within 30 days of the procedure, will also be considered operative deaths unless the cause of death is clearly unrelated to the operation." (http://www.sts.org/outcomes/sts/dataform/defsbook.pdf, pg 27)**
3. **and, in parentheses, the percent of that procedure's deaths that occurred following stent.**
4.

☐ FY: __/___/____ - __/___/____ ☐ CY	CABG only	Valve Surgery only	Valve/CABG Combination Surgery	Thoracic Aortic Surgery only	CABG/Thoracic Aortic Combination Surgery	Valve/Thoracic Aortic Combination Surgery	PCI
2001							
Number of Deaths							
Number (%) deaths following stent		**N/A**	**N/A**				
Total Discharges							
% Mortality (# deaths/total discharges)							
2002							
Number of Deaths							
Number (%) deaths following stent		**N/A**	**N/A**				
Total Discharges							
% Mortality (# deaths/total discharges)							

6. Complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 6: Cardiac Procedure Complication Rates (Number and Percent)[1,2] by ICD-9-CM Procedure Code

Instructions:

1. Sort all complications by ICD-9-CM procedure code as identified in the instructions on Page 1. The total number of complications may be greater than the total number of patients.
2. Each complication percentage should be based on the total number of patients receiving the procedure, not the total number of patients experiencing that complication.
3. Renal dysfunction is defined as serum creatinine ≥ 2 mg/dL or an increase of 0.7 mg/dL.
4. AMI is defined as at least a five-fold increase in CK MBs.
5. Significant vascular complications include aortic dissection, iliac/femoral dissection, and arterial embolus requiring treatment.
6. Failed PCI requiring urgent CABG is defined by the ACC as an unplanned transfer from the cath lab to the operating room.
7. Total patients receiving procedure should equal the volumes reported in Table 3.
8. Percent total patients with ≥ 1 complication should be based on the total number of patients receiving the procedure.
9. Include both inpatients and outpatients, Medicare and non-Medicare.

☐ FY: __/___/__ - __/___/__ ☐ CY	CABG only		Valve Surgery only		Valve/CABG Combination Surgery		Thoracic Aortic Surgery only		CABG/Thoracic Aortic Combination Surgery		Valve/Thoracic Aortic Combination Surgery		PCI	
2001														
Complication	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Stroke														
Renal dysfunction[3]														
AMI[4]														
Significant vascular complications[5]														
Re-operation for bleeding														
Mediastinitis														
Sepsis														
Re-occlusion, within 24 hours														
Re-occlusion, within 30 days														
Re-occlusion, within 6 months														
Failed PCI requiring urgent:														
CABG[6]														
Unplanned repeat PCI within 72 hrs														
Total pts receiving procedure:[7]														
Total pts with ≥ 1 complication:[8]														

Table 6: Cardiac Procedure Complication Rates (Number and Percent)[1,2] by ICD-9-CM Procedure Code (cont'd)

Instructions:

1. Count all complications by ICD-9-CM procedure code as identified in the instructions on Page 1. The total number of complications may be greater than the total number of patients.
2. Each complication percentage should be based on the total number of patients receiving the procedure, not the total number of patients experiencing that complication.
3. Renal dysfunction is defined as serum creatinine ≥ 2 mg/dL or an increase of 0.7 mg/dL.
4. AMI is defined as at least a five-fold increase in CK MBs.
5. Significant vascular complications include aortic dissection, iliac/femoral dissection, and arterial embolus requiring treatment.
6. Failed PCI requiring urgent CABG is defined by the ACC as an unplanned transfer from the cath lab to the operating room.
7. Total patients receiving procedure should equal the volumes reported in Table 3.
8. Percent total patients with ≥ 1 complication should be based on the total number of patients receiving the procedure.
9. Include both inpatients and outpatients, Medicare and non-Medicare.

☐ FY: __/___/__ - __/___/__ ☐ CY	CABG only		Valve Surgery only		Valve/CABG Combination Surgery		Thoracic Aortic Surgery only		CABG/Thoracic Aortic Combination Surgery		Valve/Thoracic Aortic Combination Surgery		PCI	
2002														
Complication	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Stroke														
Renal dysfunction[3]														
AMI[4]														
Significant vascular complications[5]														
Re-operation for bleeding														
Mediastinitis														
Sepsis														
Re-occlusion, within 24 hours														
Re-occlusion, within 30 days														
Re-occlusion, within 6 months														
Failed PCI requiring urgent:														
CABG[6]														
Unplanned repeat PCI within 72 hrs														
Total pts receiving procedure:[7]														
Total pts with ≥ 1 complication:[8]														

Section III. Quality Management (TQM/CQI) Activities

1. How often is your cardiac care-specific quality improvement (QI) plan reviewed and/or revised?

- ☐ Do not have a QI plan specific to cardiac care (Skip to question #3)
- ☐ Quarterly
- ☐ Annually
- ☐ Every 2 years
- ☐ Other (Please specify) _____

2. Who participates in this review of your cardiac care QI plan?

- ☐ Program Director
- ☐ Program Medical Director
- ☐ Cardiology and/or Cardiac Surgery Nurse Managers
- ☐ Cardiac Care QI personnel
- ☐ Physician staff
- ☐ Nursing staff
- ☐ Other (Please specify) _____
  _____

3. How often do you have cardiac-specific M&M conferences?

- ☐ Do not have M&M conferences specific to cardiac care (skip to question #6)
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other (Please specify) _____

4. Please select the departmental level at which your cardiac Morbidity and Mortality (M&M) conferences are conducted.

- ☐ Cardiology only
- ☐ Cardiac Surgery only
- ☐ Combined Cardiology/Cardiac Surgery
- ☐ Non Cardiac-Specific

5. Who participates in your cardiac M&M conferences?

- ☐ Cardiology
- ☐ Cardiac Surgery
- ☐ Anesthesiology
- ☐ Other medical specialties caring for cardiac patients
- ☐ Other (Please specify) _____

6. Who participates on your multidisciplinary cardiac QI committee (CQIC)?

- ☐ Do not have a multidisciplinary CQIC (Skip to question #8)
- ☐ Program Director
- ☐ Program Medical Director
- ☐ Cardiology and/or Cardiac Surgery Nurse Managers
- ☐ Cardiac Care QI personnel
- ☐ Physician staff
- ☐ Nursing staff
- ☐ Other (Please specify) _____

_____

7. Does the CQIC conduct the following reviews?

Yes	No	
☐	☐	Cardiac care practices
☐	☐	Use of and adherence to clinical pathways
☐	☐	Other (Please specify) _____

_____

8. How often does an external peer review body review the outcomes of your cardiac QI studies?

- ☐ No external review body reviews our cardiac QI study results (Skip to question #10)
- ☐ Quarterly
- ☐ Annually
- ☐ Other (Please specify) _____

9. What factors are reviewed by the external peer review body?

- ☐ Deaths
- ☐ Appropriateness of initial interventions
- ☐ Re-intervention rates
- ☐ Case mix
- ☐ Other (Please specify) _____

10. Please answer the following questions about your use of clinical pathways.

	Yes	No	
10a.	☐	☐	Do you use clinical pathways to plan and/or manage cardiac patient care? (If no, skip to Section IV)
10b.	☐	☐	Do you measure pathway variance (that is, the percentage of patients who deviate from the pathway)? (If no, skip to question #10d)

10c. What is your average clinical pathway variance rate for cardiac patients? _____

10d. How many clinical pathways do you use for cardiac patients? _____

10e. What percentage of your cardiac patients is covered by clinical pathways?

0% -19%	20%-39%	40%-59%	60%-79%	80%-100%
☐	☐	☐	☐	☐

10f. How often are pathways reviewed and updated?

Quarterly	Semi-annually	Annually	Every 2 Years	Other (please specify)
☐	☐	☐	☐	☐

10g. Please provide an example of how pathway variance reports are incorporated into your cardiac QI program. (Limit your response to 200 words or less.)

Section IV. Functional Status

1. When do you measure functional status on your cardiac care patients? (Check all that apply)

- ☐ Do not measure functional status on our cardiac care patients (Skip to Section V)
- ☐ Prior to cardiac intervention
- ☐ Prior to discharge
- ☐ Post discharge
- ☐ Other (Please specify) _____

_____

2. What tool(s) do you use to measure functional status?

_____

_____

3. Please give a specific example of how functional status data is used to improve care. (Limit your response to 200 words or less.)

Section V. Utilization Management

1. Please answer the following utilization management questions.

	Yes	No	
1a.	☐	☐	Do you track readmission rates? (If no, skip to question #1c)
	☐	☐	Do you include visits to your Emergency Department for treatment of cardiac events in your tracking of readmissions?
	☐	☐	Do you include Observation Unit visits for treatment of cardiac events in your readmissions tracking?
	☐	☐	**Do you track readmissions and/or Emergency Department/Observation Unit visits that occur at other facilities in your tracking of readmission?**
1b.	☐	☐	As a result of readmission review, have any QI initiatives been undertaken to decrease readmission rates?
1c.	☐	☐	Do you track discharge destinations of cardiac care patients?
1d.	☐	☐	**Do you track Average Length of Stay (ALOS) by location within the hospital (e ICU/CCU, step down unit, etc.)?**

2. At what intervals do you track readmission rates? (Check all that apply)

Inpatient Readmissions	ED/Observation Unit Visits	Other Facility Readmissions
☐ Do not track readmission rates	☐ Do not track readmission rates	☐ Do not track readmission rates
☐ Within 24 hours	☐ Within 24 hours	☐ Within 24 hours
☐ Within 72 hours	☐ Within 72 hours	☐ Within 72 hours
☐ Within 30 days	☐ Within 30 days	☐ Within 30 days
☐ Other (please specify) _____	☐ Other (please specify) _____	☐ Other (please specify)_____

3. If you answered yes to question 1b, please give a specific example of the outcome of any QI initiatives that were undertaken to decrease readmission rates. (Limit your response to 200 words or less.)

☐ Not applicable – have not undertaken any QI initiatives to decrease readmission rates

4. Please complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 7: Discharge Destination & Readmissions by ICD-9-CM Procedure Code

Instructions:

1. Patients should be counted only once based on ICD-9-CM procedure codes, as defined in the instructions on Page 1. **The GRAND TOTAL should match the total number of discharges reported in Table 5.**
2. If data is not available, enter 'N/A.'
3. Include both Medicare and non-Medicare patients.
4. Readmissions are for cardiac problems only. Unintended readmissions are those occurring due to a complication related to the initial admission; they are not scheduled.

☐ FY: __/___/__ - __/___/__ ☐ CY	CABG Only		Valve Surgery Only		CABG/Valve Combination Surgery		Thoracic Aortic Surgery		CABG/Thoracic Aortic Combination Surgery		Valve/Thoracic Aortic Combination Surgery	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
Discharge Destination												
Home												
Home with Home Health												
Sub-Acute Unit												
Skilled Nursing Facility (SNF)												
Rehabilitation Hospital												
Other (please specify) _____												
Unintended Inpatient Readmissions												
Inpatient Readmissions within 24 hours of discharge												
Inpatient Readmissions within 72 hours of discharge												
Inpatient Readmissions within 30 days of discharge												
Total Unintended Inpatient Readmissions												
GRAND TOTAL Discharges												

Section VI. Customer Service

1. Do you measure patient satisfaction? (If yes, complete column 1 in the table below)

   ☐ Yes ☐ No

2. Do you measure provider satisfaction? (If yes, complete column 2 in the table below)

   ☐ Yes ☐ No

If you responded no for both questions 1 and 2, skip Question 3 and go to Section VII.

3. Please respond to the customer satisfaction questions in the following table.

Table 8: Customer Satisfaction

	Column 1 Patient Satisfaction	Column 2 Provider Satisfaction
a. What method do you use to measure satisfaction?		
Mail survey	☐	☐
Telephone survey	☐	☐
Interview	☐	☐
Internet survey	☐	☐
Other (Please specify)	☐_____	☐_____
b. Who conducts these surveys?		
Hospital staff	☐	☐
Contractor (Please specify)	☐_____	☐_____
c. What percentage of your cardiac care patients/ providers is sent or administered the survey?		
0%-20%	☐	☐
21%-40%	☐	☐
41%-60%	☐	☐
61%-80%	☐	☐
81%-100%	☐	☐
d. What is your return or completion rate? (Rate = # recipients returning survey / # recipients sent survey)		
0%-20%	☐	☐
21%-40%	☐	☐
41%-60%	☐	☐
61%-80%	☐	☐
81%-100%	☐	☐

	Column 1 Patient Satisfaction	Column 2 Provider Satisfaction
e. When do you administer the tool?	☐ Prior to discharge ☐ At discharge ☐ 0-3 months post d/c ☐ Other (please specify) _____	☐ Quarterly ☐ Annually ☐ Every 2 Years ☐ Other (please specify) _____
f. How often do you report results? Quarterly Annually Every 2 years Other (Please specify)	☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ _____
g. With whom do you share results? (Check all that apply.) Board of Directors Physicians/Providers Hospital Administration Staff Patients Local media Other (Please specify)	☐ ☐ ☐ ☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ ☐ ☐ _____
h. What type of survey instrument do you use? Nationally published (Specify) Developed in house Other (Please specify)	☐ _____ ☐ ☐ _____	☐ _____ ☐ ☐ _____
i. Do you compare your results to any external standards? Yes (Please specify which external standards) No	☐ _____ ☐	☐ _____ ☐
j. Who is included in your provider satisfaction survey?		☐ Attending physicians ☐ Anesthesiologists ☐ Cardiac care nurses ☐ Referring physicians ☐ Other (Please specify) _____

4. Please provide a specific example of how you have used patient and/or provider satisfaction results to improve services to patients and/or providers. (Limit your response to 200 words or less.)

Section VII. Promotion of New Knowledge

1. Please complete the following table about your physician training programs.

Table 9: Physician Training

	No	Yes	
Do you provide the following accredited physician training programs?			If no, skip to Section VIII
Cardiothoracic Surgery Residency			If yes, how many FTEs? _____
Cardiology Fellowship			If yes, how many FTEs? _____
Cardiac Anesthesiology Fellowship			If yes, how many FTEs? _____
General Surgery Residency			If yes, how many FTEs? _____
Internal Medicine Residency			If yes, how many FTEs? _____
Other (Please specify) _____			If yes, how many FTEs? _____

Section VIII. Cardiac Care Team Education and Experience

1. Please indicate the number of cardiac surgeons and cardiologists in practice, not including residents or fellows.

Table 10: Number of Physicians

Cardiac Surgeons		Cardiologists	
2001	2002	2001	2002

2. Please complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 11: Cardiac Surgeons' Qualifications and Volumes (add more lines if necessary)

Instructions:
1. Include only physicians active as of the date this application is submitted.
2. Include both Medicare and non-Medicare procedures.

4. 'Total Number of Procedures at This and Other Facilities' should be an approximate number of all CABG and Valve surgeries performed at all facilities, including the applicant facility, in the year identified.

☐ FY: __/___/___ - __/___/___ ☐ CY Cardiac Surgeon's Name	Date Completed MD/DO Training	Board Certified (Y/N)	# Years on Staff	Number of Procedures At This Facility[3]				Total No. of Procedures At This & Other Facilities[4]
				CABG Surgery		Valve Surgery		CABG/Valve
				2001	2002	2001	2002	2002

Instructions:
1. Include only physicians active as of the date this application is submitted.
2. Include both Medicare and non-Medicare procedures.

4. 'Total Number of Procedures at This and Other Facilities' should be an approximate number of all CABG and Valve surgeries performed at all facilities, including the applicant facility, in the year identified.

☐ FY: __/___/___ - __/___/___ ☐ CY **Cardiac Surgeon's Name**	**Date Completed MD/DO Training**	**Board Certified (Y/N)**	**# Years on Staff**	**Number of Procedures At This Facility[3]**				**Total No. of Procedures At This & Other Facilities[4]**
				CABG Surgery		**Valve Surgery**		**CABG/Valve**
				2001	**2002**	**2001**	**2002**	**2002**
			Avg:					

3. Please complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 12: Cardiologists' Qualifications and Volumes (add more lines if necessary)

Instructions:
1. Include only physicians active as of the date this application is submitted. Include interventional and non-interventional cardiologists.
2. Include both inpatient and outpatient, Medicare and non-Medicare procedures.
3. 'Number of PCIs At This Facility' is for applicant hospital only, and only those procedures as the primary physician.
4. Total Number of PCIs At This and Other Facilities' should be an approximate number of all PCIs performed at all facilities, including the applicant facility, in the year identified.

☐ FY: __/___/__ - __/___/__ ☐ CY **Cardiologist's Name**	**Date Completed MD/DO Training**	**Board Certified in Cardiology (Y/N)**	**Interventional Cardiologist (Y/N)**	**# Years On Staff**	**Number of PCIs At This Facility**		**Total No. of PCIs At This & Other Facilities**
					2001	**2002**	**2002**

Instructions:

1. Include only physicians active as of the date this application is submitted. Include interventional and non-interventional cardiologists.
2. Include both inpatient and outpatient, Medicare and non-Medicare procedures.
3. 'Number of PCIs At This Facility' is for applicant hospital only, and only those procedures as the primary physician.
4. Total Number of PCIs At This and Other Facilities' should be an approximate number of all PCIs performed at all facilities, including the applicant facility, in the year identified.

☐ FY: __/___/__ - __/___/__ ☐ CY **Cardiologist's Name**	**Date Completed MD/DO Training**	**Board Certified in Cardiology (Y/N)**	**Interventional Cardiologist (Y/N)**	**# Years On Staff**	**Number of PCIs At This Facility**		**Total No. of PCIs At This & Other Facilities**
					2001	**2002**	**2002**

4. Please complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 13: Anesthesiologists' Qualifications and Volumes (add more lines if necessary)

Instructions:

1. Include only anesthesiologists active as of the date this application is submitted.
2. If an anesthesiologist specializes in cardiac care procedures, please note that next to the name.
3. 'Cardiac Anesthesia Fellow' should be reported as (Y) only for those anesthesiologists who have completed fellowship training.
4. 'Number of Cardiac Procedures At This Facility' is for applicant hospital only, and only those procedures as the primary anesthesiologist. Include both inpatient and outpatient, Medicare and non-Medicare procedures.
5. "Total No. of Cardiac Procedures At This and Other Facilities" should be an approximate number of all cardiac procedures for which anesthesia was provided at all facilities, including the applicant facility, in the year identified.

☐FY: __/__/__ - __/__/___ ☐CY Anesthesiologist's Name	Date Completed MD/DO Training	Board Certified in Anesthesia (Y/N)	Cardiac Anesthesia Fellow (Y/N)	# Years On Staff	Number of Cardiac Procedures At This Facility		Total No. of Cardiac Procedures At This & Other Facilities
					2001	2002	2002

5. Please complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 14: Perfusionists' Qualifications and Volumes (Add more lines if necessary)

Instructions:
1. If data are not available, enter 'N/A.'
2. "Total No. of Cardiac Surgery Cases At This and Other Facilities" should be an approximate number of all cases for which the perfusionist provided services at all facilities, including the applicant facility, in the years identified.

☐ FY: __/__/__ - __/__/__ ☐ CY Perfusionist's Name	Education/ Degrees and Date(s) Obtained	License/ Certification and Date Obtained	Years at This Facility	Total Years in Cardiac Care	• Contracted (C) • Employed by Facility (F) • Employed by Physician (P)	Total Number of Cardiac Surgery Cases at This & Other Facilities	
						2001	2002

6. Please complete the following table for the most recent two year period. Indicate fiscal year or calendar year.

Table 15: Physician Assistants', NPs', and CRNAs' Qualifications (Add more lines if necessary)

☐ FY: __/___/__ - __/___/__ ☐ CY Name & Position	Education/ Degrees and Date(s) Obtained	License/ Certification and Date Obtained	Years at This Facility	Total Years in Cardiac Care	• Contracted (C) • Employed by Facility (F) • Employed by Physician (P)

7. What percentage of the cardiac team nurses (i.e., OR, CCU, SICU, acute care) and key staff (i.e. certified perfusionists) has at least 5 years tenure in the cardiac care program?

- ☐ 0% – 19%
- ☐ 20% - 39%
- ☐ 40% - 59%
- ☐ 60% - 79%
- ☐ 80% - 100%

8. Please complete the table below for the most recent two year period. Indicate fiscal year or calendar year.

Table 16: Physician/Staff Turnover

☐ FY: __/___/__ - __/___/__ ☐ CY	2001			2002		
	# Staff at year start	# Staff separated* during year	Turnover rate (column 2 / column 1)	# Staff at year start	# Staff separated* during year	Turnover rate (column 2 / column 1)
Cardiac Surgeons						
Noninterventional Cardiologists						
Interventional Cardiologists						
Anesthesiologists						
Cardiac Nurses						
Perfusionists						
CRNAs						
Nurse Practitioners						
Physician Assistants						
Other (please specify) _____						
_____						
Total						

* Includes all voluntary and involuntary separations (i.e. retirements, deaths, resignations, terminations) of regular, non-contractual staff.

9. Briefly describe how "travelers" and/or contracted staff are incorporated in your turnover rate above. (Limit your response to 100 words or less.)

Section IX. Range of Services

1. Is the applicant facility a Level I or Level II trauma center?

☐ Level I ☐ Level II ☐ Neither

2. Please check off which of the following services are available at your hospital. (Check all that apply)

Catheterization Lab

☐ Non balloon devices/techniques

- ☐ Rotational atherectomy
- ☐ Clot extraction device
- ☐ Directional coronary atherectomy
- ☐ Laser
- ☐ Other (Please specify) _____

_____

_____

☐ Filmless catheterization lab

☐ Intravascular Ultrasound (IVUS) gudiance

☐ Percutaneous closure devices

☐ Brachytherapy

☐ Distal protection

☐ Peripheral vascular procedures performed in the catheterization lab

☐ Drug coated stents (Please specify type/material) _____

_____

_____

Radiology Services

☐ Advanced imaging technologies (Please specify) _____

_____

_____

Surgery Capability / Facilities

☐ Cardiac surgery capability 24 hours/day, 7 days/week for all major heart surgeries

Pharmacy Services

- ☐ Open 24 hours/day, 7 days/week
- ☐ Pharmacokinetic capability
- ☐ Computerized entry of prescriptions
- ☐ Computerized alert system

Other Services / Facilities

- ☐ Ventricular assist devices
- ☐ Electrophysiology capability (Please describe)

_____

_____

___

_____

___

- ☐ Computerized laboratory order entry
- ☐ Computerized medical record system
- ☐ Other (Please specify) _____

_____

_____

3. Please list any cardiac related primary and/or secondary prevention services offered by your facility. (Limit your response to 100 words or less.)

Section X. Cardiac Care Management and Organization

1. Has the hospital developed a separate organizational entity that brings cardiac care and related services together under one administrative structure?

   ☐ Yes ☐ No

   If yes, briefly describe how cardiac care physicians are integrated and how long this entity has existed. (Limit your response to 100 words or less.)

2. Please complete the following table for your Cardiac Program leader(s).

Table 17: Cardiac Program Leaders

Title and Name (Complete for all that apply and provide names for each)	# Relevant Procedures for Specialty	% Time Spent on Direct Clinical Care/ Clinical Management*	Years Experience in Current Position	Position To Which Program Leader Reports	Clinical Faculty Appointment (Y/N) – If yes, indicate title and affiliation
Medical Director: _____					
Anesthesiology Medical Director: _____					
Cardiovascular Surgery Medical Director: _____					
Cardiology Medical Director: _____					
Nursing Director: _____					
Business Director: _____					
Other: _____					

* Exclude teaching, research, and administrative time

3. What role do department/ program leaders have in determining the budget each year for the cardiac program as well as for ancillary departments upon whose services the program relies (e.g., radiology, physical medicine and rehabilitation services)? (Limit your response to 200 words or less.)

4. What position authorizes the finances, resources and personnel of the program? (Check all that apply)

- ☐ Program Medical Director
- ☐ Program Nursing Director
- ☐ Program Business Director
- ☐ Chief Executive Officer
- ☐ Chief Operating Officer
- ☐ Chief Financial Officer
- ☐ Other (please specify title): _____

5. Please provide your maximum and minimum nurse to patient staffing ratios for the past 12 months for the following:

Maximum	Minimum	
		Licensed nurses to CCU patients
		Licensed nurses to CSICU patients
		Licensed nurses to cardiac surgery/cardiology floor patients
		Other (please specify): _____

Section XI. Patient Services and Community Outreach

1. Please briefly describe your hospital's cardiac patient education program. Include the types of programs, any fees that may be applicable, and any limitations on who may be eligible for these services. (Limit your response to 200 words or less.)

2. Indicate below the availability, fees (if applicable), and limitations/eligibility requirements for the transportation services offered by your hospital to cardiac care program patients and families.

	Available	Fees (enter 'N/A' if not applicable)	Limitations/Eligibility
Cab vouchers	☐		
Mass transit vouchers	☐		
Valet parking	☐		
Shuttle / Van service	☐		
Other (please specify)	☐		

3. Indicate below the availability, fees (if applicable), and limitations/eligibility requirements for the housing services offered by your hospital to cardiac care program patients and families.

	Available	Fees (enter 'N/A' if not applicable)	Limitations/Eligibility
Hotel vouchers	☐		

On site hotel services	☐	
In-house rooms	☐	
Hospital apartments	☐	
Other (please specify)	☐	

4. Indicate the electronic communication opportunities provided by your hospital. (Please check all that apply.)

- ☐ Hospital website
  - ☐ With links to providers
  - ☐ With webpage specific to cardiac care program
- ☐ Public email access
  - ☐ To providers
  - ☐ To hospital
  - ☐ To cardiac care program
- ☐ Hospital intranet
  - ☐ Routine availability of remote access by most/all physicians
  - ☐ Routine availability of remote access by most/all staff
- ☐ Other (please specify):

_____

5. Please briefly describe any other amenities offered by your hospital to cardiac care program patients and families. Include the types of programs, any fees that may be applicable, and any limitations on who may be eligible for these services. (Limit your responses to 200 words or less.)

6. Do any of the Cardiac Care program team members provide outreach services?

☐ Yes ☐ No

If yes, please describe which team members and which professions are involved, what types of programs are offered, and where the programs are offered. (Limit your responses to 200 words or less.)

Filename: cardiac applic & scoring guidelines.doc
Directory: C:\Documents and Settings\ps56\Local Settings\Temp
Template: C:\Documents and Settings\ps56\Application Data\Microsoft\Templates\Normal.dot
Title: NAME OF THE DEMO
Subject:
Author: HCFA Software Control
Keywords:
Comments:
Creation Date: 9/22/2003 2:27 PM
Change Number: 2
Last Saved On: 9/22/2003 2:27 PM
Last Saved By: CMS
Total Editing Time: 1 Minute
Last Printed On: 9/24/2003 1:33 PM
As of Last Complete Printing
Number of Pages: 50
Number of Words: 8,568 (approx.)
Number of Characters: 48,840 (approx.)