

QUALITY COLLABORATIVE

Joint Commission Q&A

Question: Our Strategic Surveillance System (S3) points seem to be odd, and we think that the Medicare Provider Analysis and Review (MedPAR) data might be having an impact on them. Has the Joint Commission had concerns about this?

The Joint Commission does periodically receive questions about the use of MedPAR data in the S3 tool. You can do two things to check the accuracy of the information being populated in the tool that can affect your S3 points:

1. Verify that the Centers for Medicare and Medicaid Services (CMS) Medicare Provider Number (MPN) in your Joint Commission application for accreditation is correct. The S3 tool brings in all of the MedPAR data associated with the MPN entered in your application.
2. Check the diagnosis-related group (DRG) codes that roll up under each Clinical Service Group (CSG). It is common for hospital staff to see MedPAR data grouped under a CSG that they feel their hospital does not perform. For example, a hospital may have MedPAR data under the CSG of neurosurgery, a service the staff feels they don't perform. In addition to commonly recognized neurosurgery procedures, procedures such as carpal tunnel surgery and certain back and neck procedures roll up to the neurosurgery CSG. Consult the MedPAR tab "Sort MedPAR by Clinical Service Group" to see a list of all the DRG codes that roll up to that CSG. This will usually answer the question about why there are MedPAR data for a CSG that staff feels their hospital does not perform.

Please direct specific questions about MedPAR data to cmayer@jointcommission.org.

AHRQ Releases Resources on Preventing Dangerous Blood Clots

Two new guides to help consumers and clinicians prevent and treat deep vein thrombosis were released by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ).

Not all blood clots are harmful, but deep vein thrombosis, a blood clot that forms in the deep veins of the body, most commonly in the lower leg or thigh, is a potentially deadly medical problem that affects at least 350,000 and possibly as many as 600,000 Americans each year. AHRQ's consumer booklet *Your Guide to Preventing and Treating Blood Clots* (www.ahrq.gov/consumer/bloodclots.htm) is a 12-page easy-to-read resource that helps both patients and their families identify the causes and symptoms of dangerous blood clots, learn tips on how to prevent them, and know what to expect during treatment.

The clinician guide *Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement* (www.ahrq.gov/qual/vtguide/) is a comprehensive tool to help hospitals and clinicians implement processes to prevent dangerous blood clots. The 60-page guide details how to start, implement, evaluate, and

sustain a quality improvement strategy. It includes case studies, as well as examples of forms that clinicians in the field can use.

Dangerous blood clots can form when a person is stationary for a long period of time, such as during hospitalizations, recovery from surgery, or travel involving long distances. A blood clot that travels to the lung is called a pulmonary embolism. Single copies of all AHRQ publications are available at no charge; call 800/358-9295 or e-mail ahrqpubs@ahrq.gov.

Editor's Note: AHRQ has also published a four-volume compendium of 115 original research papers by its grantees titled Advances in Patient Safety: New Directions and Alternative Approaches (www.ahrq.gov/qual/advances/). The compendium highlights new knowledge and lessons learned in such critical areas as reporting systems, risk assessment, health information technology, clinical process redesign, and medical simulation. To order, call 800/358-9295 or e-mail ahrqpubs@ahrq.gov. Single copies are free; additional copies are \$5. CD-ROMs are also available.