

**ALABAMA QUALITY ASSURANCE FOUNDATION**  
**Medical Peer Review**

**PRO GENERAL MEMORANDUM NO. 93/96-11**

**TO: ADMINISTRATORS (PPS HOSPITALS)**

**FROM: H. TERRELL LINDSEY**  
**PRESIDENT AND CHIEF EXECUTIVE OFFICER**

**DATE: MARCH 2, 1994**

**SUBJECT: HOSPITAL MEDICARE PATIENT DATA**

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**I. HOSPITAL SPECIFIC DATA**

- A. The enclosed tables contain data taken from the Medicare Patient Analytic Records (MEDPAR) file received from Health Care Financing Administration (HCFA). The data originated from hospital inpatient paid claims. The Foundation received data files containing all hospital claims paid by HCFA in 1991, 1992 and 1993. The data file is updated each quarter by HCFA and received at the Foundation office for analysis.
- B. The enclosed tables contain data from hospitals reimbursed under the Prospective Payment System (PPS). Data from non-PPS hospitals were not included in this specific database.
- C. Analysis is performed using STATA, a statistical software package. The data in the enclosed tables is "raw data" and has not been subjected to risk adjustments.
- D. The tables have been designed to allow hospital comparison with their hospital peer group, Metropolitan Statistical Area (MSA) and State-wide.
  - 1. Peer Group is defined only as bedsize group in this set of tables. The bedsize groups are defined at the Attachment to the General Memorandum.
  - 2. Your comments about the bedsize groupings and the helpfulness of adding other variables to further define Peer Groups are invited. The possibility exists to add hospital case-mix, urban/rural, and teaching facilities as further defining hospital Peer Groups.
  - 3. Metropolitan Statistical Area (MSA) is defined on the Attachment to the General Memorandum. The MSAs are the same designated statistical areas used in HCFA's Mortality Hospital Information release to hospitals in August 1993.

## II. FOUNDATION DELIVERY OF HOSPITAL DATA

- A. The Foundation proposes to furnish hospitals with updates to the data tables periodically. **Initially, quarterly updates will be sent to you.** Based on your comments about the data and our experience with the degree of change from the quarterly MEDPAR data files, updated tables of data **may later be issued bi-annually** instead of quarterly.
- B. Hospital data for 1991 and 1992 appear complete or very close to completion; therefore data for these two years will not be reissued to you as updates unless a significant number of cases are identified from future MEDPAR files. Data for 1993 is incomplete and is expected to be near completion by July or September 1994. Data for 1994 has not been received.
- C. In addition to the MEDPAR data, profiles which list cases with completed review and the review outcomes are being prepared for each specific hospital. These will be disseminated quarterly as soon as available and will be retroactive to October 1, 1993.

## III. HOSPITAL USE OF DATA

- A. It is recommended that hospitals examine the data and note any significant trends over time or variance from that with their peer group, MSA or the State. Your analysis of the data may provide information leading to an internal project to improve processes involving patient care and/or administration.
- B. The Foundation's experience and resources are available to hospitals to provide assistance if your analysis indicates specific areas of care which could be improved through a **cooperative project** with the Foundation.
- C. **The Foundation's assistance is available to hospitals when a cooperative project between hospital and the Foundation is a practical option in improving patient care.**

The Foundation can provide or assist in:

- interpretation of analysis results
- identifying probable processes/source(s) causes "the problem";
- research of literature pertinent to patient care guidelines;
- development of a data collection tool; and/or
- provide computerized statistical analysis service.

- D. A Cooperative Project involves discussion and study with hospital administrative and clinical staffs to determine that the project would be productive in improving patient care through changes in processes or other activities. Such projects may meet a hospital's requirements under JCAHO for quality improvement projects.
- IV. Please address suggestions or questions about the data or its format to **Nadine Schiesz, R.N., Dir. Health Care Analysis and Communications. Telephone: (205) 970-1600, ext. 3104. FAX: (205) 970-1624.**

If you wish to discuss the possibility of a **cooperative project** based on this data or other utilization/ quality of care improvement project at your hospital, please contact Ms. Schiesz.

cc: who should receive copies of this GM? Listed below are the persons who usually receive them: Board of Directors, Lynda Northcutt, Jane Cottos/OIG-DHHS, Joan Hicks, RRA/UAB, Bob Toomey, Juanita Dixon, Jennifer Barnett/Robert Turkel

1. PPS Hospitals only (non-PPS hospitals will receive a revised memorandum with their data)
2. MASA and ALAHA will receive a cover letter, a different set of profiles and a copy of PPS and non-PPS Gen. Memo.