

SPARCS

Description of Quality Report **SPARCS Spotlight Report**

Report Name:

- Spotlgt_YR

Report Description

- This report will be generated annually, at the end of the reporting year. The purpose of this report is to give facilities one report that allows them to see how we view the quality of the data they are submitting to us in four separate areas. The areas are as follows: Potential Duplicates, Physician Licenses, POA (Present on Admission) and the ICR/SPARCS yearly comparison report. Both report sections and individual report descriptions will follow.

Report Sections:

Monthly – These reports will be run Monthly using the current year's monthly discharge data file.

- Duplicates - Inpatient
- Duplicates - Outpatient
- License - Inpatient
- License – Outpatient

Bi-Annual – This report will be run Bi-Annually using the current year's discharge data file.

- POA – Inpatient

Yearly – This report will be run Yearly using the most recent data we have for ICR compared to SPARCS discharge data file.

- SPARCS – ICR Comparison

DESCRIPTIONS OF INDIVIDUAL REPORTS

Potential Duplicates – Inpatient and Outpatient

Report Description – Potential Duplicates:

- Validation of data to see if duplicate submission of the same patient data has been submitted.

Name of Data Elements:

- Permanent Facility Identifier (PFI)
- Patient Control Number
- Medical Record Number
- Statement-Covers-Period-Through Date (Discharge Date)
- Admission Date/Start of Care

The rule is that any record submitted to SPARCS containing a “key” that is identical to an existing discharge record is rejected and returned to the provider as an error.

Used For:

- To ensure that there are no duplicate discharge records in SPARCS output data set.

Frequency of Report:

- Beginning in November 2009 will be run once a month.

Criteria for Maintaining Quality or Meeting Threshold:

- Any duplicates submitted in current month file will result in failure, and be considered a “Potential Duplicate”.

Impact of Poor Reporting:

- Duplicate records submitted by hospital will cause inflated hospital discharge numbers.
- Will result in inaccurate data analysis outcomes.

License Report – Inpatient and Outpatient

Report Description – License:

- Validation of practitioner license numbers submitted with SPARCS data against the NYS Education Department license file.

Name of Data Elements:

- Attending/Emergency Department Physician 1 State License Number.
- Operating/Emergency Department Physician 2 State License Number.
- Other/Emergency Department Physician 3 State License Number.

Used For:

- Identification of the New York State license practitioner providing care to the patient.

Frequency of Report:

- Beginning in April, 2008 with February, 2008 discharges, SPARCS began producing license match quality reports on a quarterly basis. This report will be done on a monthly basis.

Criteria for Maintaining Quality or Meeting Threshold:

- Beginning January 2010 facility's submission that does not have a "PASSING PERCENTAGE" of 90% or better of valid license numbers compared to the SED file will result in that file not making it into the master file.

Impact of Poor Reporting:

- Practitioners in facilities may be practicing with an expired or inactive professional license.
- Incorrectly reported license numbers may reflect inadequacies with a facility's internal credentialing processes.

POA DOH - Inpatient:

Report Description - This report is similar to the Potentially Preventable Complications (PPC) Report associated with the Present on Admission Indicator put out by 3M Health Information Systems. Purpose of this report is to identify potentially preventable complications from among secondary diagnoses that were not present on admission. This particular report takes the “total” of all “Payor” categories and compares to the criteria listed below to see if they meet the quality and threshold guidelines.

Name of Data Elements:

- Present on Admission (POA)

Used For:

- The Present on Admission for diagnoses other than the Principal Diagnosis indicates whether the diagnosis was present on admission to the hospital.
- The Present on Admission Indicator is also used by different organizations as an indicator for purposes such as reimbursement or payment. One example of an organization that uses this indicator for reimbursement or payment purposes is the Centers for Medicare & Medicaid Services (CMS).

Frequency of Report:

- This will be produced on a bi-annual basis for monthly discharges.

Criteria for Maintaining Quality or Meeting Threshold:

- If Criteria 1: Present on Admission Indicator specified as “Uncertain” should not exceed 10% of overall POA Indicators for that given bi-yearly period is not met than facility will receive a “Failed” rating;
- If Criteria 2: Present on Admission Indicator specified as “Present on Admission” exceeds 99% of the overall POA Indicators for that given bi-yearly period than facility will receive a “Failed” rating.
- If Criteria 3: Present on Admission Indicator specified as “Not Present on Admission” exceeds 50% of the overall POA Indicators for that given time than the facility will receive a “Failed” rating.

Impact of Poor Reporting:

- Reflect insufficiencies with a facility’s coding processes.
- Decreases the integrity of SPARCS data used by the New York State government agencies and researchers alike.

SPARCS – ICR INPATIENT COMPARISON REPORT

Report Description:

- The ICR, (Institutional Cost Report) contains facilities financial data, and is compared to the SPARCS data set, which contains patient medical records and discharge billing information. The report is based on the most recent year to date data that SPARCS receives from the finance department.

Name of Data Elements:

- Discharge Date
- Admission Date

Used For:

- The combined use of these two data sets provides a validating mechanism between the Institutional Cost Report filed with the Department and the discharge data reported to SPARCS.

Frequency of Report:

- This data is captured on a yearly basis.

Criteria for Maintaining Quality or Meeting Threshold:

- For the purpose of this report we are using a monitoring range of +/-3% variation for this ICR/SPARCS comparison. If a facility receives a percent variation outside the allowed +/- 3 % range they will receive a “Failed” rating.

Impact of Poor Reporting:

- Reflect insufficiencies with a facility’s coding processes.
- Decreases the integrity of SPARCS data used by the New York State government agencies and researchers alike.