Inpatient Quality Reporting Program for Hospitals

Candace Jackson, RN

Project Lead, Hospital Inpatient Quality Reporting (IQR) Program

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

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Purpose

This presentation will provide insight into the Hospital IQR Program and the benefits for non-IQR hospitals to voluntarily submit and report data on quality.

Objectives

By the end of the presentation, participants will be able to perform the following:

- Identify the benefits of submitting and reporting the Hospital IQR quality measures
- Identify the requirements that are submitted quarterly and annually for the Hospital IQR Program
- Locate resources that are available for the Hospital IQR Program

IQR Program Purpose

The Hospital IQR program was:

- Established to provide transparency about the quality and safety of America's hospitals

- Designed to equip consumers with quality of care information to make more informed decisions about their health care and improve the quality of inpatient care provided to all patients

  - Data published on the CMS *Hospital Compare* website

  - Hospitals incentivized financially to report quality of care measure data

Optional Public Reporting

- Hospital that are not eligible to participate in the Hospital IQR Program can voluntarily submit quality measure data and have it publically reported.

- In order to have the data publically reported, the non-IQR-participating hospital must complete an Inpatient Optional Public Reporting Notice of Participation agreement via the *QualityNet Secure Portal*.

Benefits of Submitting and Reporting IQR Quality Measures

- Will receive feedback on how your hospital is performing individually, at the state level, and at the national level

- Will identify opportunities for quality and process improvement

- Will provide consumers with quality of care information to make more informed decisions about their health care

Quarterly Hospital IQR Program Requirements for FY 2019

The following requirements are due quarterly:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Population and sampling (for chart-abstracted measures only)
- Clinical process of care measures
- Healthcare-associated infection (HAI) measures
- Perinatal care elective delivery measure (PC-01)

Annual Hospital IQR Program Requirements for FY 2019

The following requirements are due annually:

- Active *QualityNet* Security Administrator (SA)

- Structural measures

- Data Accuracy and Completeness Acknowledgement (DACA)

- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure

- Electronic Clinical Quality Measures (eCQMs)

Calendar Year (CY) 2017 Chart-Abstracted Measures

Measure ID	Measure Short Name
SEP-1	Early Management Bundle, Severe Sepsis/Septic Shock
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
IMM-2	Influenza Immunization
PC-01	Elective Delivery (Web-based aggregate measure)

Chart-Abstracted Measures

- Chart-abstracted measures are submitted via XML file on a quarterly basis via the *QualityNet Secure Portal* (<u>Exception:</u> PC-01 is entered through a web-based application within the *QualityNet Secure Portal)*

- Submission Deadlines for CY 2017 discharges:
  - First Quarter (1Q) 2017: August 15, 2017
  - 2Q 2017: November 15, 2017
  - 3Q 2017: February 15, 2018
  - 4Q 2017: May 15, 2018

Fifteen eCQMs in the Hospital IQR Program for CY 2017

AMI-8a	CAC-3	ED-1	ED-2	ED-3*
EHDI-1a	PC-01	PC-05	STK-2	STK-3
STK-5	STK-6	STK-8	STK-10	VTE-1
VTE-2	*ED-3 is available to report for the Medicare EHR Incentive Program, but because it is an outpatient measure, it is not applicable or available to report for the Hospital IQR Program.*			

eCQMs

- eCQMs are submitted on an annual basis via the *QualityNet Secure Portal* using Quality Reporting Document Architecture (QRDA) Category I files.

- CMS is expecting one file, per patient, per quarter, that includes all episodes of care and measures associated with the patient file.

- Participating hospitals submit a full calendar year (i.e., four quarters of data by the annual submission deadline for eight of the available eCQMs).

- Hospitals self-select quarterly, semi-annual, or annual reporting using a certified EHR.

- The submission deadline for CY 2017 discharges is February 28, 2018.

Structural Measures for CY 2017

Short Name	Measure Name
Patient Safety Culture	Hospital Survey on Patient Safety Culture
Safe Surgery Checklist	Safe Surgery Checklist Use

Structural Measures

Structural measures are submitted annually:

- The reporting year runs from January 1 through December 31.

- The submission deadline is May 15 for the previous reporting year.

  - Submission deadline for CY 2017 is May 15, 2018.
  - Data can be entered from April 1, 2018, through May 15, 2018.

- The data are entered via an application located through the *QualityNet Secure Portal*.

CY 2017 Healthcare-Associated Infections (HAI) Measures

Short Name	Measure Name
CAUTI	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
CLABSI	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
HCP	Influenza Vaccination Coverage Among Healthcare Personnel
MRSA Bacteremia	HNSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure

HAI Measures

- HAI measures are submitted quarterly to the CDC via the NHSN tool (<u>Exception:</u> HCP Measure is reported once).

- Submission Deadlines for CY 2017 discharges:
  - o First Quarter (1Q) 2017: August 15, 2017
  - o 2Q 2017: November 15, 2017
  - o 3Q 2017: February 15, 2018
  - o 4Q 2017: May 15, 2018

HCP Measure

- HCP data is reported through the NHSN.

- Hospitals are only required to report data once at the conclusion of the reporting period (October 1 to March 31).

- Data must be entered by May 15 for the flu season.

- Quarter four 2017 through quarter one 2018 data will need to be entered by May 15, 2018.

Hospital IQR Program Resources

Hospital IQR Program General Questions

https://cms-ip.custhelp.com

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Questions?

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