



HOSPITAL QUALITY REPORTING

In This Issue:

- What's New in NHSN?
- Why Didn't CMS Receive My NHSN Data?
- Tools for Reporting 2018 HAI Data
- Measure Exception Form for Calendar Year 2018
- Want to Know More About the Voluntary Hybrid Measure? Check out the Following!
- CMS to Issue Final Rules in August 2018
- IPFQR Program Top Tips for FY 2019 Summer Submission
- CMS Meaningful Measures Framework
- New Resources for Quality Reporting
- Acronyms

Important Dates:

July 1

- Secure Portal Opens for IPFQR FY 2019 and IQR 1Q 2018 PC-01 Data Submission

July 5

- 1Q 2018 HCAHPS Survey Data Due for Acute Care Hospitals and PCHs

July 9

- Deadline to Accept Updated NHSN Consent Form for Acute Care Hospitals and PCHs

August 1

- 1Q 2018 Population & Sampling Due for Acute Care Hospitals

August 15

- 1Q 2018 Clinical, PC-01, and HAI Data Due for Acute Care Hospitals
- FY 2019 NOP, SA, Measure Data, and DACA Data Due for IPFs
- 4Q 2017 Colon Cancer and Breast Cancer, 2Q 2017 Adjuvant Hormonal Therapy, 1Q 2018 HAI, and CY 2017 OCM and EBRT Data Due for PCHs

August 31

- FY 2019 DACA Data Due for PCHs

What's New in NHSN?

[NHSN Educational Roadmaps](#) are now available. NHSN has just released educational roadmaps that provide users with a guided tour of training materials, which are broken down by component and protocol. The content starts with basic level tools and progresses to more advanced content.

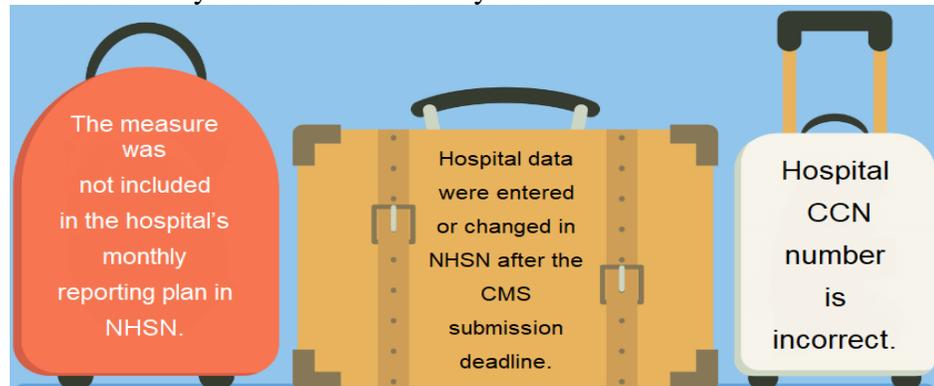
- ✓ **Check out** the [Patient Safety Component](#) for HAI reporting training.
- ✓ **Check out** the [Healthcare Personnel Safety Component](#) for training on HCP reporting.

Why Didn't CMS Receive My NHSN Data?

Everyone enjoys smooth sailing when heading to a favorite destination, just like you hope your NHSN data have an easy voyage to CMS. However, data entry issues could mean some bumps along the way, preventing NHSN data from completing the journey. What happens when data go all the way to the CDC docks, but miss the boat to CMS? How can you ensure first class passage?



According to the CDC, there are three reasons why NHSN data do not reach the sunny shores of CMS. They are:



Following are four excellent resources to assist hospitals with entering their data correctly so that they will get a CMS boat ticket:

- ✓ [1Q 2018 HAI Checklist](#)
- ✓ [NHSN Survival Guide](#)
- ✓ [CDC Monthly Checklist](#)
- ✓ [Patient Safety Component Manual](#)

Tools for Reporting 2018 HAI Data

To assist you with your Q1 2018 HAI data submission, please find the NHSN 2018 Patient Safety Component updates that have been [posted](#). These updates include Training, Protocols, Frequently Asked Questions, Data Collection Forms, and CMS Supporting Materials, for the following measures:

- ✓ [CLABSI](#)
- ✓ [CAUTI](#)
- ✓ [CDI and MRSA](#)
- ✓ [SSI](#)

Measure Exception Form for Calendar Year 2018

Q: *What is the purpose of the [IPPS Quality Reporting Programs Measure Exception Form](#)?*

A: The form provides a mechanism for hospitals to notify CMS that they do not have any measure-specific locations and/or treat patients related to the specific hospital reporting program measures.

Q: *For what programs can this be submitted?*

A: The form can be submitted for the Hospital IQR, Hospital Value-Based Purchasing, and HAC Reduction Programs.

Q: *How often must this form be submitted?*

A: This form must be renewed annually, and hospitals are encouraged to submit the form prior to the First Quarter data submission deadline for the applicable year. For those hospitals that will be submitting an IPPS Measure Exception Form for 2018, it must be received before the August 15, 2018 deadline.

Q: *For what measures can you submit this form?*

A: The IPPS Measure Exception Form may be used for the following measures:

- ✓ PC-01: The hospital has no Obstetrics Department and does not deliver babies.
- ✓ SSI Colon and Abdominal Hysterectomy Procedures: The hospital performed nine or fewer of any of the specified colon and abdominal hysterectomy procedures combined in the calendar year prior to the reporting year.
- ✓ CAUTI and CLABSI: The hospital has no CMS-reportable HAI locations (ICU, Med, Surg, Med/Surg wards). If none of these locations exist, your facility **must** submit an IPPS Measure Exception Form for CLABSI and CAUTI to CMS.
- ✓ ED-1 and ED-2: The hospital has no ED and does not provide emergency services.

Q: *If I submit this form, will I still be required to submit zeroes for the measures I won't be submitting?*

A: If a Measure Exception Form is submitted for:

- ✓ PC-01: The hospital won't be required to enter zeroes into the *QualityNet* web-based measure application. If the hospital submits a form, "No" will be displayed in the data entry fields on the PPR.
- ✓ SSI Colon and Abdominal Hysterectomy Procedures: The hospital won't be required to submit the selected measures to NHSN.
- ✓ CAUTI and CLABSI: The hospital won't be required to submit the selected measures to NHSN. **Any data reported from non-required units in NHSN will not be submitted to CMS.**
- ✓ ED measures: The hospital won't be required to submit ED clinical data. However, the hospital is still required to submit the Global Population and Sampling numbers, given that Global includes both ED and IMM.

Want to Know More About the Voluntary Hybrid Measure? Check Out the Following!



Hybrid Measures are Coming! Get Ready!

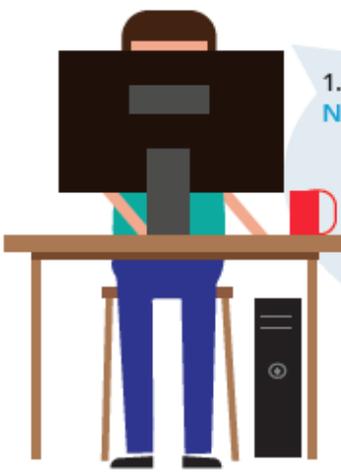
What is a Hybrid Measure?
A hybrid measure uses both claims data and clinical variables from electronic health records (EHR) for risk adjustment.

Hybrid Measures News
In 2018, CMS will implement the **FIRST** Voluntary Hybrid Hospital-Wide Readmission (HWR) Measure in the Inpatient Quality Reporting Program.

Why should your hospital submit data on the Voluntary Hybrid HWR Measure?

- 1 Get Ahead!**
Future hybrid measures will use similar data elements. Submit for this one and **be ready for the next!**
- 2 Test Submission With No Risk!**
Allows your hospital to **develop and test the submission process**
- 3 Easy To Report!**
Utilizes data **already routinely captured in your patients EHRs**
- 4 Return On Your Investment!**
Capitalizes on the **investments** hospitals made into EHR systems
- 5 You Asked For It!**
Responds to hospital requests to include clinical data in accounting for **patient risk**
- 6 Making Care Count!**
Aligns with national efforts to improve the **quality of care** your patients receive

What else do I need to know?



- 1. Will this affect my payment?**
NO, it's completely voluntary and not tied to any payment programs!
- 2. What will I need to do?**
Report clinical information on patients admitted to your hospital between January 1, 2018 - June 30, 2018
- 3. When can I submit my hospital's data?**
Submission will be late summer through fall 2018

ARE YOU READY FOR THE FUTURE? Let CMS help!



- Let's Start**
Get Ready to Report
Check out the Hybrid HWR introductory webinar and other resources on how to submit data
 QualityNet Hybrid Measures Resource Page
[QualityNet.org > Inpatient > Claims-based and Hybrid Measure > Hybrid Measures > Resources](#)
- First Step**
Get the Support You Need
Talk to your EHR vendor or Hospital IT department about how to use our Electronic Clinical Quality Improvement (eCQI) page to start mapping code to your EHR system
 eCQI Hybrid Measures Page
[ecqi.healthit.gov > EH/CAH eCQMS > Hybrid Hospital-Wide Readmission](#)
- Next Step**
Need More Information?
Send your questions our way using our Hybrid Measure Inbox and use our JIRA Page for technical support on the electronic specifications
 JIRA Page (technical support)
<https://onprojecttracking.healthit.gov/support/projects/CHM/summary>
 Hybrid Measure Inbox
cmshybridmeasures@yale.edu

CMS to Release FY 2019 Final Rules in August 2018

CMS will issue the FY 2019 IPPS/LTCH PPS and FY 2019 IPF PPS Final Rules in August 2018, based on the comments, scientific data, expert opinions, and facts accumulated during the pre-rule and proposed rule comment period. The Hospital Inpatient VIQR Outreach and Education Support Team will host webinars in which CMS will provide participants with an overview of the final rules. Webinar announcements and registration information will be emailed via program ListServes. To sign up for these ListServes, please visit the [QualityNet ListServe Registration](#) page.

IPFQR Program Top Tips for FY 2019 Summer Submission

Now that Influenza Vaccination Coverage Among HCP measure data-submission deadline is behind us, it's time to look ahead to the **August 15, 2018 IPFQR Program Submission deadline**. You can start **now** to prepare for a successful FY 2019 submission. We want to ensure that your IPF gets the full annual payment update that it deserves.

Here are our **top tips** to help you succeed this summer:

- ✓ **Confirm** that your facility has at least one **active QualityNet SA** registered in the *QualityNet Secure Portal*. If your IPF needs to register an SA, begin the process now, because, as with other system registrations, this can take longer than expected, especially if you encounter technical difficulties.
- ✓ **Check** that your facility's IPFQR Program **NOP** status says "Participating." An NOP status of "Participating" acknowledges that the IPF agrees to participate in the program, publicly report the quality measure and non-measure data, and is considered an active IPFQR Program participant.
- ✓ **Monitor** your email for information on how to register for the upcoming webinar presentation titled *IPFQR Program: Keys to Successful FY 2019 Reporting*, currently scheduled for July 2018. The webinar presentation will provide guidance on:
 - How to submit measure and non-measure data
 - How to avoid submitting questionable chart-abstracted measure data, which could result in values that do not accurately reflect the quality of care that was provided to your patients, specifically for the following chart-abstracted measures: HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders Measures
 - Remember – *Hospital Compare* will ultimately publicly display your data.
- ✓ **View** the FY 2019 IPFQR Program WBDCT in the *QualityNet Secure Portal*.
 - Remember that you will need to use the horizontal and vertical scroll bars to ensure that data are entered and submitted on all the data entry fields, including the DACA form.
- ✓ **Review** the resources and tools available on *QualityReportingCenter.com*, including the IPFQR Program Manual, version 3.1.
- ✓ **Complete and submit** the [Hospital Contact Change](#) form to ensure we have the right contacts so that we can remind you if you're getting close to the deadline and haven't submitted your data.

We are here to help you succeed during your data-submission process. For assistance, contact us, the IPFQR Program Support Team, by telephone at (844) 472-4477, by submitting measure-abstraction questions to <https://cms-ip.custhelp.com>, or by emailing IPFQualityReporting@area-M.hcquis.org.

CMS Meaningful Measures Framework

The meaningful measures framework is a strategic tool for putting patients over paperwork by reducing measure reporting burden in alignment with the National Health Care Priorities. National Health Care Priorities include:

- ✓ Make care safer
- ✓ Strengthen persons and their families as partners in their care
- ✓ Promote effective communication and coordination of care
- ✓ Promote effective prevention and treatment of chronic conditions
- ✓ Work with communities to promote best practices of healthy living
- ✓ Make care affordable

Meaningful measures focus everyone’s efforts on the same quality care and lend specificity, which can help identify measures that:

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Fulfill requirements in programs’ statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers

New Resources for Quality Reporting

- ✓ [1Q 2018 IQR Checklist](#)
- ✓ [1Q 2018 PC-01 Quick Start Guide](#)
- ✓ [FY 2020 Hospital IQR Program Guide for New Hospitals](#)
- ✓ [FY 2020 Hospital IQR Program Reference Checklist](#)
- ✓ [PPR Quick Start Guide](#)
- ✓ [Calendar Year and Fiscal Year Infographic](#)
- ✓ [Hospital Inpatient VIQR Outreach and Education Overview](#)

Acronyms

Acronym	Term
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i>
CLABSI	Central Line-Associated Blood Stream Infection
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
EBRT	External Beam Radiotherapy
ED	Emergency Department
FY	Fiscal Year
HAC	Hospital-Acquired Condition
HAI	Healthcare-Associated Infection
HBIPS	Hospital-Based Inpatient Psychiatric Services
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
ICU	Intensive Care Unit
IMM	Immunization
IPF	Inpatient Psychiatric Facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LTCH	Long-Term Care Hospital
MED	Medical
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NOP	Notice of Participation
OCM	Oncology Care Measures
PC	Perinatal Care
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PPR	Provider Participation Report
PPS	Prospective Payment System
Q	Quarter
SA	Security Administrator
SSI	Surgical Site Infection
SUB	Substance
SURG	Surgical
TOB	Tobacco
VBP	Value-Based Purchasing
VIQR	Value, Incentives, and Quality Reporting
WBDCT	Web-Based Data Collection Tool