

# Welcome!

- Presentation slides can be downloaded from [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



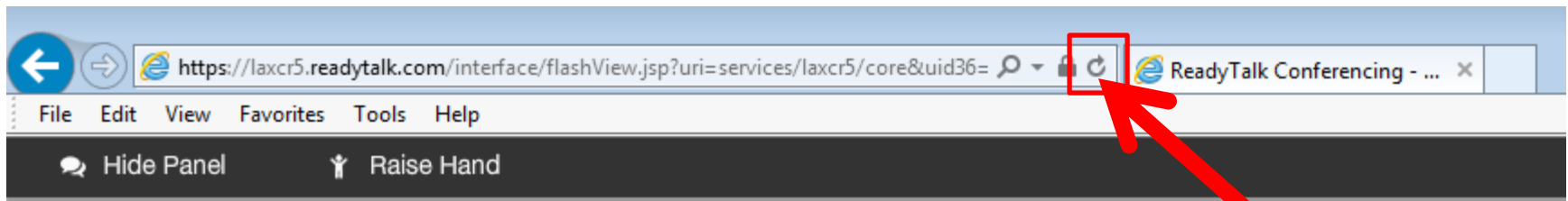
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stops?

- Click **Refresh** icon  
or
- Click F5



F5 Key  
Top row of keyboard

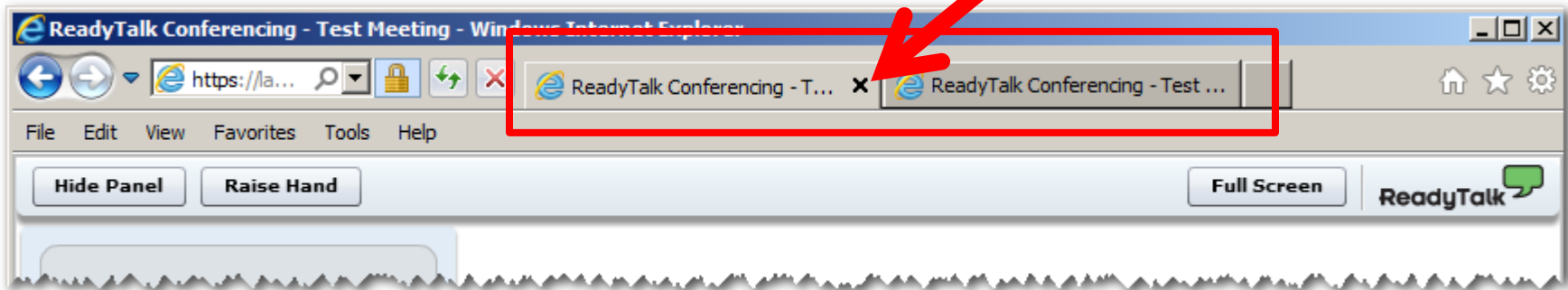


Location of buttons

Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

# Submitting Questions

Type questions in the “Chat with Presenter” section located on the bottom-left corner of your screen.



A screenshot of a web application interface. On the left side, there is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. The main area of the screen is a light gray background. At the top center, there is the CMS logo (Centers for Medicare &amp; Medicaid Services). Below the logo, the text "Welcome to Today's Event" is displayed in a large, bold, blue font. At the bottom of the main area, there is a yellow horizontal line, and below it, the text "Thank you for joining us today! Our event will start shortly." is displayed in a smaller, italicized, blue font. The top of the screenshot shows a dark gray header with buttons for "Hide Chat", "Return Home", "Full Screen", and "ReadyToGo".



# **Your Data Is Showing: Public Reporting**

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Project Coordinator

Hospital Outpatient Quality Reporting (OQR) Program

Support Contractor

**September 20, 2017**

# Announcements

- November 1, 2017: Clinical Data and Population and Sampling deadline for Quarter 2 (April 1–June 30) 2017
- Please be sure to access the National Healthcare Safety Network (NHSN) and the QualityNet Secure Portal every 60 days to keep your password active
- Make sure you are signed up for the ListServe

# Save the Date

- Upcoming Hospital OQR Program educational webinars:
  - October 18, 2017: Reviewing reports to ensure your success
  - November TBA: The CY 2018 OPPS/ASC Final Rule
- Notifications of additional educational webinars will be sent via ListServe

# Learning Objectives

At the conclusion of this program, attendees will be able to:

- Locate resources to assist with interpreting the preview report.
- Access, download, and interpret the preview report for their facility.
- Find their facility's data on the Hospital Compare website.
- Download data specific to the Hospital OQR Program.





# Why Publicly Display?

# Why Public Reporting Is Important

- For hospitals:
  - Promotes transparency
  - Provides consistent, unified, credible information for comparison
  - Encourages quality of care improvement
- For consumers:
  - Informed decisions
  - Choice

# Program Requirements

- Register with QualityNet
- Identify and maintain a Security Administrator (SA)
- Complete and submit the Notice of Participation (NOP)
- Collect chart-abstracted clinical data quarterly
- Submit data via a web-based tool annually

# NOP

- OPPS (Outpatient Prospective Payment System) Hospitals
  - Participating
  - Not Pledged
- Non-OPPS Hospitals/Critical Access Hospitals
  - Not Pledged
  - Quality Improvement (QI)
  - Public Reporting (PR)
- Hospital NOP/Pledge automatically carries forward



# Preview Report and Help Guides

# Finding the Preview Report Help Guide

**QualityNet** Log in to QualityNet Secure Portal (formerly MyQualityNet)  Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

**QualityNet Registration**

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

**Getting Started with QualityNet**

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

**Join ListServes**

Sign up for Notifications and Discussions.

**Known Issues - Hospital Reporting**

- Inpatient
- EHR Incentive Program

**QualityNet News** [More News >](#)

**Hospital VBP Program FY 2018 Percentage Payment Summary Report now available**

The Centers for Medicare & Medicaid Services (CMS) made the Percentage Payment Summary Reports (PPSRs) for the Fiscal Year (FY) 2018 Hospital Value-Based Purchasing (VBP) Program available to hospitals. Effective July 27, 2017, participating hospitals can access their FY 2018 Hospital VBP PPSR via the *QualityNet Secure Portal*.

The FY 2018 PPSRs provide hospitals with their Total Performance Score (TPS) and value-based incentive payment adjustment factors for the sixth year of the program.

[Full Article >](#)

**Headlines**

- [CMS announces steps to address CLABSI, CDI, and CAUTI data errors](#)
- [CY 2018 OPSS/ASC Proposed Rule published and open for comment](#)
- [FY 2018 HSRs for HAC Reduction Program Review and Corrections Period released](#)
- [CMS releases October 2017 Hospital Compare preview reports](#)
- [July 2017 Hospital Compare Overall Hospital Quality Star Ratings update postponed](#)
- [FY 2018 Hospital Readmissions Reduction Program HSRs released](#)
- [FY 2018 Hospital VBP and Hospital IQR Program MSPB Measure HSRs released](#)
- [CMS issues CY 2017 eCOM reporting updates for IQR and Medicare EHR Incentive programs](#)
- [Targeted sample of inpatient hospitals for FY 2019 validation selected](#)
- [FY 2018 IPPS proposed rule published, open for public comment](#)
- [CMS releases HSRs for the Hospital VBP Program 30-day Risk-Standardized Mortality and AHRQ PSI-90 measures](#)
- [CMS releases July 2017 Hospital Compare preview reports](#)
- [IQR claims-based measures HSRs for FY 2018 available for download](#)

**Log in to QualityNet Secure Portal**

Login

- Download Symantec ID (**required** for login)
- Portal Resources
- Secure File Transfer Resources

**Questions & Answers**

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers
- Inpatient Psychiatric Facilities
- PPS-Exempt Cancer Hospitals

**Note:** First-time registration required

**Downloads**

- CART - Inpatient
- CART - Outpatient
- CART Module Designer

**Training**

# Choosing the Preview Report Help Guide

Hospitals - Inpatient ▾	Hospitals - Outpatient ▾	Physician Offices ▾	Ambulatory Surgical Centers ▾	PPS-Exempt Cancer Hospitals ▾	ESRD Facilities ▾	Inpatient Psychiatric Facilities ▾
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## CMS releases October 2017 *Hospital Compare* preview reports July 14, 2017

The Centers for Medicare & Medicaid Services (CMS) made the October 2017 *Hospital Compare* Preview Reports available on QualityNet on July 14, 2017. The Preview Reports are for participating



annual release schedule and be provided in December 2017.

### Help Guides and Quick Reference Guides for the *Hospital Compare* Preview Period

The following Help Guides are available on *QualityNet* for the *Hospital Compare* data previews:

- [Inpatient Quality Reporting Help Guide](#), (PDF-1.1 MB)
- [Outpatient Quality Reporting Help Guide](#), (PDF-994 KB)
- [PPS-Exempt Cancer Hospital Quality Reporting Help Guide](#), (PDF-904 KB)

Quick Reference Guides are also available to assist with content preview:

- [Inpatient Preview Report Quick Reference Guide](#), (PDF-94 KB)
- [Outpatient Preview Report Quick Reference Guide](#), (PDF-185 KB)
- [PPS-Exempt Cancer Hospital Preview Report Quick Reference Guide](#), (PDF-40 KB)

### Questions

Preview-related questions may be directed, according to the rating or quality reporting program, as

# Outpatient Hospital Compare Preview Report Help Guide

**Outpatient *Hospital Compare*  
Preview Report Help Guide**

The target audience for this publication is hospitals.  
The document scope is limited to instructions for hospitals on how to access and understand the data provided on the preview report prior to publication of data on *Hospital Compare*.

July 2017 Preview/October 2017 *Hospital Compare* Release

## TABLE OF CONTENTS

- Section 1: Overview** .....

  - Hospital Compare* .....
  - Hospital Outpatient Quality Reporting (OQR) Program.....
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  - Run Preview Report.....
  - View Preview report.....

- Section 3: General Information** .....

  - Preview Report Eligibility .....
  - Notice of Participation (NOP) Information .....
  - Rounding Rules .....

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  - Hospital Compare Star Rating Hospital-Specific Reports (HSRs)* ..
  - Hospital Compare Star Rating Footnotes* .....
  - Questions Regarding the *Hospital Compare Star Rating*.....
  - Clinical Process Measures.....



# Outpatient Hospital Compare Preview Report Quick Reference Guide

## Outpatient Hospital Compare Preview Report Quick Reference Guide October 2017 Release – Preview Period July 14 through August 13, 2017

### Preview Report Access

#### Preview Period

Preview reports will be available to participating Outpatient Facilities via the *QualityNet* Secure Portal July 14 through August 13, 2017.

#### Preview reports can be accessed by:

1. Accessing the public website for *QualityNet* at <https://www.qualitynet.org>  
Selecting [Login] under the “Log in to *QualityNet* Secure Portal” header
2. Entering your *QualityNet* User ID, Password, and Security Code and selecting [Submit]
3. Reading the Terms and Conditions statement and selecting [I Accept] to proceed

#### The Preview report can be run by:

1. Selecting [Run Reports] from the “My Reports” drop-down
2. Selecting [OQR] from the “Report Program” drop-down
3. Selecting [Public Reporting – Preview Reports] from the list in the “Report Category” drop-down
4. Selecting [View Reports]; the selected report will display under “Report Name”
5. Selecting [Public Reporting – Preview Reports] under “Report Name”
6. Selecting [Run Reports]

#### Viewing the Report:

Select the [Search Reports] tab. The report requested will display, as well as the report status. A green check mark will display in the “Status” column when the report is complete.

Once complete, the report can be viewed or downloaded.

### Preview Report Data

#### Overall Hospital Quality Star Rating

- Updated for October 2017. Please see the *Help Guide* for more information

#### Web-based measures

- Section includes: OP-12, OP-17, OP-25, OP-26
- Data based on encounters for Calendar Year (CY) 2015

#### AMI Cardiac Care (AMI & Chest Pain)

- Section includes: OP-1, OP-2, OP-3b, OP-4, OP-5
  - OP-1 does not display on *Hospital Compare*; however, it is included in the downloadable database.
- Aggregate rates include 1Q 2016 through 4Q 2016 encounters

#### Outpatient Imaging Efficiency (OIE) measures

- Section includes: OP-8, OP-9, OP-10, OP-11, OP-13, OP-14
- Aggregate rates include 3Q 2015 through 2Q 2016 Medicare claims data

#### Emergency Department measures

- Section includes: OP-18b, OP-20 and OP-22
- OP-18b and OP-20 aggregate rates include 1Q 2016 through 4Q 2016 encounters
- OP-18b and OP-20 display the state and national average minutes for hospitals that

fall in the Low, Medium, High, Very High, and Overall EDV categories.

- OP-22 data are based on encounters for CY 2015

#### Emergency Department Volume

- Section includes: EDV
- Based on the volume of patients for CY 2015, the denominator for OP-22

#### Pain Management measure

- Section includes: OP-21
- Aggregate rates include 1Q 2016 through 4Q 2016 encounters

#### Stroke measure

- Section includes: OP-23
- Aggregate rates include 1Q 2016 through 4Q 2016 encounters

#### Endoscopy/Polyp Surveillance measures

- Section includes: OP-29 and OP-30 data based on encounters for CY 2015

#### Cataract measure

- Section includes: OP-31 voluntary data submission based on encounters for CY 2015

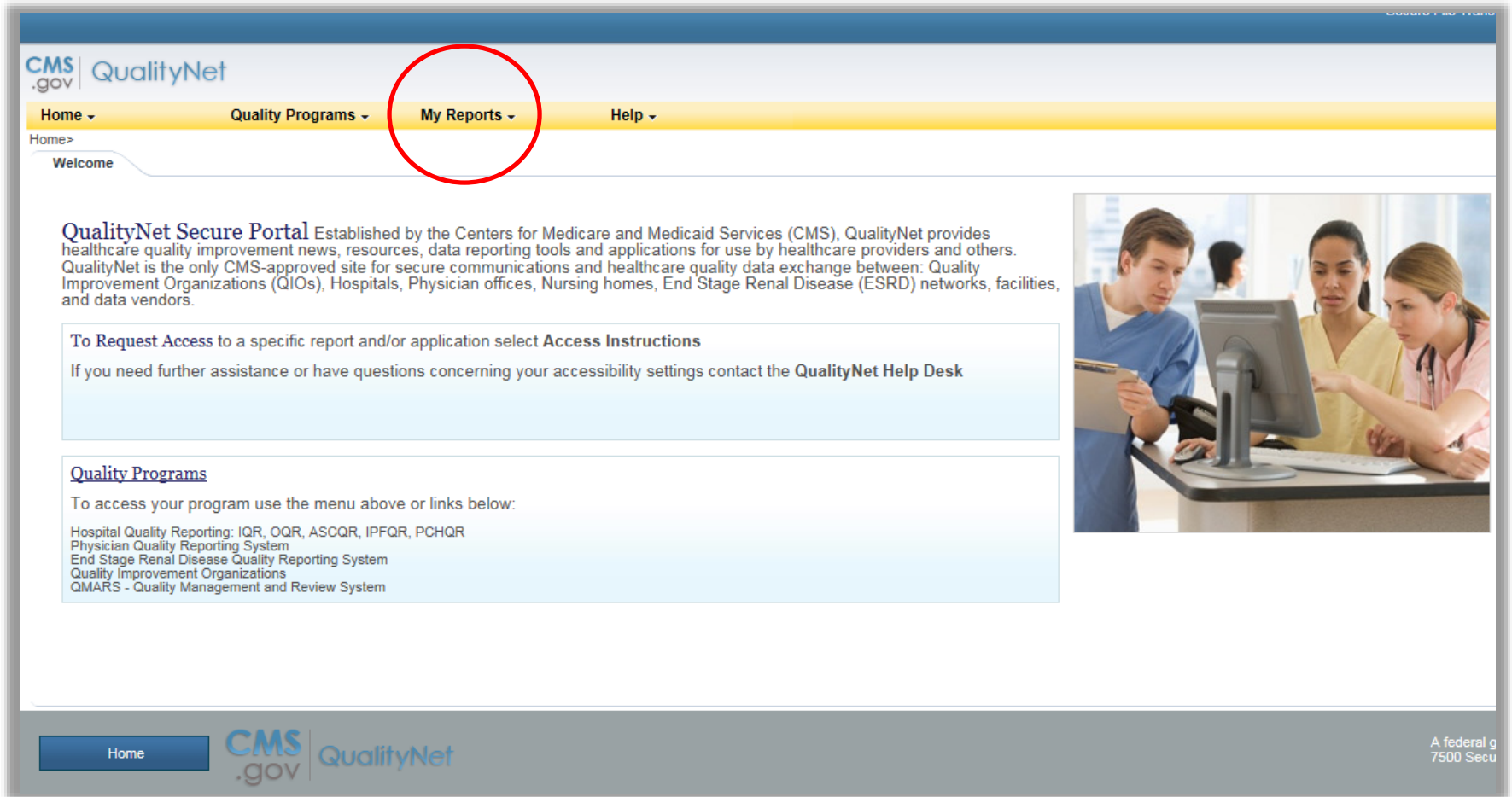
#### Healthcare Personnel (HCP) Influenza Vaccination

- Section includes: OP-27
- Percentages include 2016–2017 flu season data (4Q 2016–1Q 2017)

# Preview Period Basics

- The Preview Period:
  - Only available for approximately 30 days
  - Notification of availability will be sent via ListServe
  - Does not serve as a change or correction period
  - Can be located on the QualityNet Secure Portal

# Preview Report Access



**CMS .gov | QualityNet**

Home ▾ Quality Programs ▾ **My Reports ▾** Help ▾

Home>  
Welcome


**QualityNet Secure Portal** Established by the Centers for Medicare and Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources, data reporting tools and applications for use by healthcare providers and others. QualityNet is the only CMS-approved site for secure communications and healthcare quality data exchange between: Quality Improvement Organizations (QIOs), Hospitals, Physician offices, Nursing homes, End Stage Renal Disease (ESRD) networks, facilities, and data vendors.

**To Request Access** to a specific report and/or application select **Access Instructions**  
If you need further assistance or have questions concerning your accessibility settings contact the **QualityNet Help Desk**

Quality Programs

To access your program use the menu above or links below:

- Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR
- Physician Quality Reporting System
- End Stage Renal Disease Quality Reporting System
- Quality Improvement Organizations
- QMARS - Quality Management and Review System

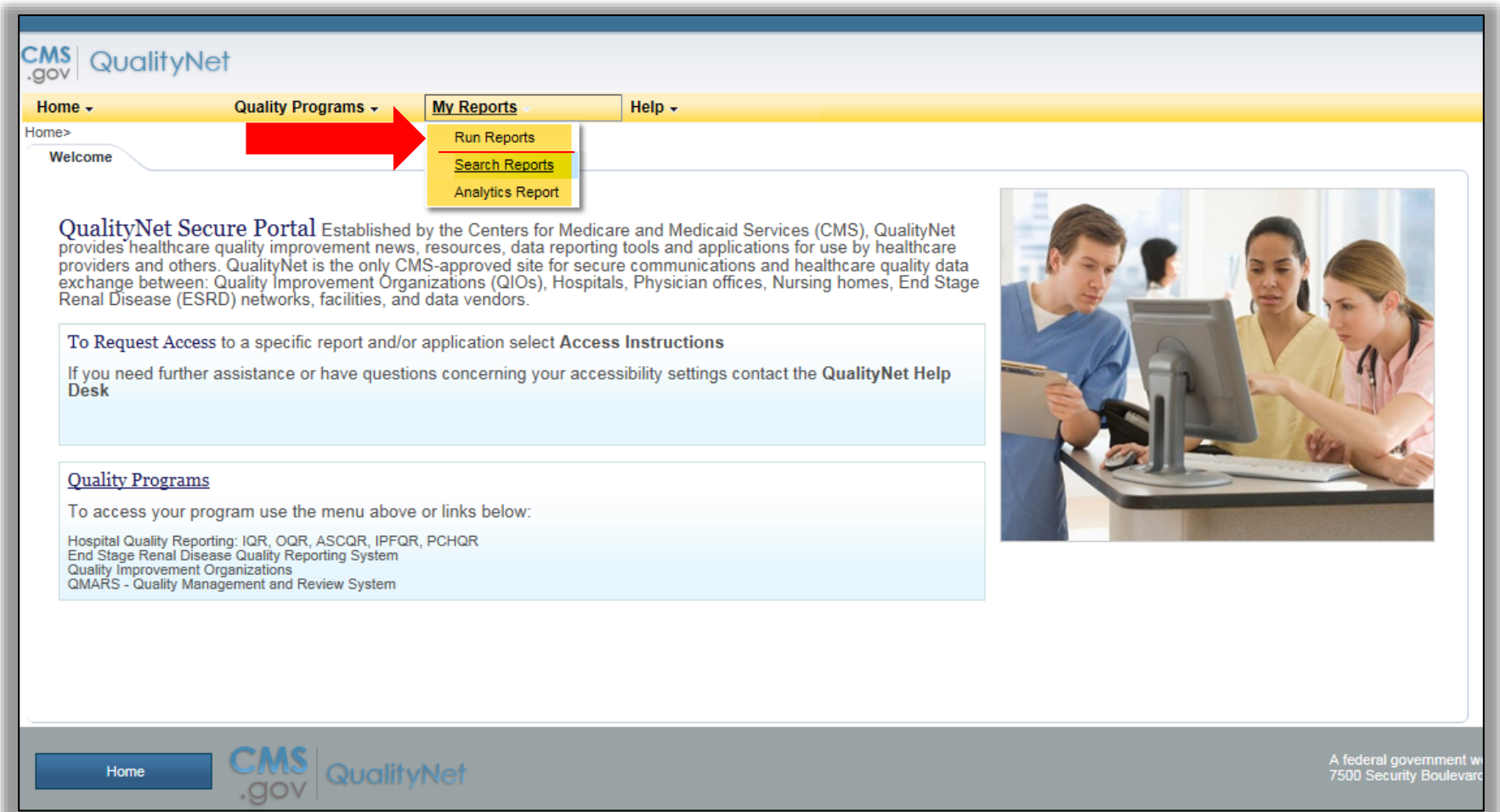


Home

**CMS .gov | QualityNet**

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# Run Reports



The screenshot shows the CMS QualityNet website interface. At the top left is the CMS.gov logo. A navigation bar contains 'Home', 'Quality Programs', 'My Reports', and 'Help'. A red arrow points to the 'My Reports' dropdown menu, which is open and shows three options: 'Run Reports', 'Search Reports', and 'Analytics Report'. Below the navigation bar, there is a 'Welcome' message and a section titled 'QualityNet Secure Portal' with a paragraph of text. A light blue box contains instructions on how to request access to reports. Another light blue box lists 'Quality Programs' with links to various reporting systems. On the right side of the page, there is an image of three healthcare professionals (two women and one man) looking at a computer monitor. At the bottom of the page, there is a 'Home' button, the CMS.gov logo, and the text 'A federal government website 7500 Security Boulevard'.

**Home** **Quality Programs** **My Reports** **Help**

Home>  
Welcome

**Run Reports**  
**Search Reports**  
**Analytics Report**

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Home **CMS.gov** QualityNet

A federal government website  
7500 Security Boulevard

# I'd Like To.....

The screenshot shows the CMS QualityNet interface. At the top left is the logo 'CMS.gov | QualityNet'. Below it is a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help' menus. The breadcrumb trail reads 'Home > My Reports > Run Reports'. There are four tabs: 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. The 'Run Report(s)' tab is active. Under the 'Start Reports' heading, there is a dark purple box with the text: 'This reporting portlet allows you to run and access reports on quality program data to which you are granted access.' To the right, a dark blue box titled 'I'd Like To...' contains three options: 'Run Report(s)', 'Search Report(s)', and 'View Favorite Reports'. A red arrow points to the 'Run Report(s)' option.

# Report Program and Category

The screenshot shows the CMS QualityNet interface for running reports. The breadcrumb trail is Home > My Reports > Run Reports. The main navigation includes Home, Quality Programs, My Reports, and Help. The 'Run Report(s)' tab is active, showing a workflow: Select Program, Category and Report (highlighted in blue), Report Parameters, and Confirmation.

**1** The 'Select Program, Category and Report' section contains the following text: "The available reports are grouped by program and category combination. If you have access to a single program, that program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Click on VIEW REPORTS to view your report results. Select the report you wish to run from the list below by clicking on its name."

**2** The 'Report Program' dropdown menu is set to 'OQR'.

**3** The 'Report Category' dropdown menu is set to 'Public Reporting - Preview Reports'. A tooltip message reads: "Report Category is required. Use the arrow keys to select one value from the dropdown list".

**4** A table of reports is displayed below the 'Search Report' button. The first row is highlighted with a red box:

REPORT NAME	REPORT DESCRIPTION
Public Reporting - Preview Reports	

# Footnotes

- Footnote 1 (FN1): The number of cases/patients is too few to report.
  - Any measure rate where the denominators are greater than 0 and less than 11. Data will not display on Hospital Compare.
- Footnote 3 (FN3): Results are based on a shorter time period than required.
  - Hospital elected not to submit data, or had no data to submit, or did not successfully submit data to the warehouse for a measure for one or more but not all possible quarters.
- Footnote 4 (FN4): Data suppressed by CMS for one or more quarters.
  - Reserved for CMS use.

# More Footnotes

- Footnote 5 (FN5): Results are not available for this reporting period.
  - Hospital either elected not to submit data or the hospital had no data to submit for a particular measure for all quarters represented in the current preview period.
- Footnote 7 (FN7): No cases met the criteria for this measure.
  - A hospital treated patients in a topic, but no patients met the criteria for inclusion in the measure calculation.



# And More Footnotes

- Footnote 13 (FN13): Results cannot be calculated for this reporting period.
  - In use when data is not available for the calculation.
- Footnote 16 (FN16): There are too few measures or measure groups reported to calculate an overall rating or measure group score.
  - In use when reported data for fewer than three measures in any measure group used to calculate overall ratings, or reported data for fewer than three of the measure groups used to calculate ratings, or did not report data for at least one outcomes measure group.
- Footnote 17 (FN17): This hospital's overall rating only includes data reported on inpatient services.
  - When a hospital only reports data for inpatient services.

\*Always refer to the most current version of the Help Guides for updates.



**Your Hospital's Data**

# **The Preview Report**

# Viewing Your Preview Report

Report Run Date: 07/19/2017 Page 1 of 5

**Hospital Compare Preview Report: Hospital Performance – Outpatient**

**Reporting Period for Clinical Process Measures:** First Quarter 2016 through Fourth Quarter 2016 Encounters  
**Reporting Period for Outpatient Imaging Efficiency Measures:** Third Quarter 2015 through Second Quarter 2016 All Paid Medicare FFS Claims  
**Reporting Period for Endoscopy/Polyp Surveillance Measures:** First Quarter 2015 through Fourth Quarter 2015 Encounters  
**Reporting Period for Cataract Surgery Measures:** First Quarter 2015 through Fourth Quarter 2015 Encounters

**670110-**

Address:	Type of Facility: Short-term
City, State, ZIP: .]	Type of Ownership: Proprietary
Phone Number:	Emergency Service Provided: Yes
County Name:	

**Overall Hospital Quality Star Rating**

Your Hospital's Overall Star Rating	N/A(16)
Your Hospital's Summary Score	N/A(16)

**Overall Hospital Quality Star Rating Group Scores**

Group	Number of Measures	Weight	Group Score	National Average Group Score	Performance Category
Mortality	0	N/A	N/A(16)	0.00	N/A
Safety of care	0	N/A	N/A(16)	-0.01	N/A
Readmission	0	N/A	N/A(16)	-0.03	N/A
Patient experience	11	65	0.34	0.00	Same as the national average
Effectiveness of care	3	12	0.32	0.00	Same as the national average
Timeliness of care	7	12	1.12	0.03	Above the national average
Efficient use of medical imaging	2	12	0.67	0.01	N/A

**Web Based Measures**

OP-12	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	N/A(5)
OP-17	Tracking Clinical Results between Visits	N/A(5)
OP-25	Safe Surgery Checklist Use	N/A(5)

		Gastrointestinal	Genitourinary	Nervous System	Musculoskeletal	Cardiovascular	Eye	Skin	Respiratory	Other
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)

**Footnote Legend**

\*OP-1 Measure data displayed on the preview report will be available through the download process and excluded from display on Hospital Compare.

1. The number of cases/patients is too few to report.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Results are not available for this reporting period.
7. No cases met the criteria for this measure.
13. Results cannot be calculated for this reporting period.
16. There are too few measures or measure groups reported to calculate a star rating or measure group score.
17. This hospital's star rating only includes data reported on inpatient services.

# Headers

Report Run Date: 07/19/2017

## Hospital Compare Preview Report: Hospital Performance – Outpatient

Reporting Period for Clinical Process Measures: First Quarter 2016 through Fourth Quarter 2016 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: Third Quarter 2015 through Second Quarter 2016 All Paid Medicare FFS Claims

Reporting Period for Endoscopy/Polyp Surveillance Measures: First Quarter 2015 through Fourth Quarter 2015 Encounters

Reporting Period for Cataract Surgery Measures: First Quarter 2015 through Fourth Quarter 2015 Encounters

Address:  
City, State, ZIP: |  
Phone Number:  
County Name:

Type of Facility: Short-term  
Type of Ownership: Proprietary  
Emergency Service Provided: Yes

## Clinical Process Measures:

- AMI Cardiac Care Measures OP-1–OP-5
- Emergency Department Measures OP-18,OP-20
- Pain Management Measure OP-21
- Stroke Measure OP-23

# Star Ratings

Overall Hospital Quality Star Rating					
Your Hospital's Overall Star Rating	3				
Your Hospital's Summary Score	0.11				
Overall Hospital Quality Star Rating Group Scores					
Group	Number of Measures	Weight	Group Score	National Average Group Score	Performance Category
Mortality	3	28	-0.21	0.00	Same as the National average
Safety of care	2	28	N/A	-0.03	N/A
Readmission	4	28	0.43	-0.04	Same as the National average
Patient experience	0	N/A	N/A(16)	-0.11	N/A
Effectiveness of care	6	5	-0.03	0.04	Same as the National average
Timeliness of care	6	5	0.1	0.04	Same as the National average
Efficient use of medical imaging	2	5	N/A	0.01	N/A

# Web-Based Measures

Web Based Measures										
OP-12	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	N/A(5)								
OP-17	Tracking Clinical Results between Visits	N/A(5)								
OP-25	Safe Surgery Checklist Use	N/A(5)								
		Gastrointestinal	Genitourinary	Nervous System	Musculoskeletal	Cardiovascular	Eye	Skin	Respiratory	Other
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)	N/A(5)

- December Update

# AMI Cardiac Care

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
<b>AMI Cardiac Care</b>					
OP-1	Median Time to Fibrinolysis	N/A(7)	19 Minutes	33 Minutes	28 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	N/A(7)	100%	45%	58%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention- Reporting Rate	32 Minutes based on 18 patients	36 Minutes	58 Minutes	58 Minutes
OP-4	Aspirin at Arrival	97% of 417 patients	100%	94%	95%
OP-5	Median Time to ECG	10 Minutes based on 429 patients	4 Minutes	7 Minutes	7 Minutes

- Quarterly Update

# Outpatient Imaging

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
<b>Outpatient Imaging Efficiency (OIE)</b>					
OP-8	MRI Lumbar Spine for Low Back Pain	N/A(7)	N/A	44.4%	39.8%
OP-9	Mammography Follow-up Rates	N/A(7)	N/A	7.8%	8.8%
OP-10	Abdomen CT - Use of Contrast Material	1.2% of 170 scans	N/A	11.4%	7.8%
OP-11	Thorax CT - Use of Contrast Material	0.0% of 57 scans	N/A	3.8%	1.8%
OP-13	Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery	N/A(7)	N/A	4.6%	4.8%
OP-14	Simultaneous use of brain Computed Tomography (CT) and sinus Computed Tomography (CT)	N/A(1)	N/A	1.5%	1.6%

- July Update



# Emergency Department

Emergency Department					
	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	61 Minutes based on 393 patients	91 Minutes	Low Volume: 111 Minutes Medium: 143 Minutes High: 149 Minutes Very High: 164 Minutes Overall Average: 142 Minutes	Low Volume: 113 Minutes Medium: 142 Minutes High: 162 Minutes Very High: 172 Minutes Overall Average: 147 Minutes
OP-20	Median Time from ED Arrival to Provider Contact for ED patients	12 Minutes based on 394 patients	9 Minutes	Low Volume: 19 Minutes Medium: 19 Minutes High: 24 Minutes Very High: 22 Minutes Overall Average: 21 Minutes	Low Volume: 18 Minutes Medium: 22 Minutes High: 26 Minutes Very High: 28 Minutes Overall Average: 24 Minutes
OP-22	Left without being seen	N/A(5)	0%	2%	2%

# Emergency Department Volume

Emergency Department Volume		
		Category
EDV-1	Emergency Department Volume	N/A(5)

- Displays the volume of patients submitted as OP-22 (Left without Being Seen) denominator
  - Low: Values below 19,999 or fewer patients per year
  - Medium: Values ranging from 20,000 to 39,999 patients per year
  - High: Values ranging from 40,000 to 59,999 patients per year
  - Very High: Values of 60,000 or greater patients per year

# Pain Management

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
<b>Pain Management</b>					
OP-21	Median Time to Pain Management for Long Bone Fracture	30 Minutes based on 307 patients	30 Minutes	46 Minutes	50 Minutes

- Quarterly update

# Stroke

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
<b>Stroke</b>					
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	67% of 9 patients(1)	100%	70%	71%

- Quarterly Update

# Endoscopy/Polyp Surveillance

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
<b>Endoscopy/Polyp Surveillance</b>					
OP-29	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	N/A(5)	100%	78%	81%
OP-30	Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	N/A(5)	100%	87%	87%

- December Update

# Cataract Surgery

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
<b>Cataract Surgery</b>					
OP-31	Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery	N/A(5)	100%	99%	87%

- December Update

# Healthcare Personnel Flu Vaccination Measure

Report Run Date: 07/19/2017

**Hospital Compare Preview Report: Hospital Performance – Outpatient**  
**Reporting Period for HCP FluVac Measure: Fourth Quarter 2016 through First Quarter 2017 Encounters**

670110-					
	Hospital Quality Measures	Your Hospital's Reported Adherence Percentage	Your Hospital's Performance	State Reported Adherence Percentage	National Reported Adherence Percentage
OP-27	Influenza Vaccination Coverage among Healthcare Personnel	76%	N/A	87%	88%

- October Update



# Locating Your Data



# Hospital Compare

<https://www.medicare.gov/hospitalcompare/search.html>

**Medicare.gov** | Hospital Compare  
The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) [About Hospital Compare](#) [About the data](#) [Resources](#) [Help](#)

Home + Share

You can now search for Veterans Health Administration hospitals by using the location search below. You can also use our [interactive datasets](#) or [download the data](#).

### Find a hospital

A field with an asterisk (\*) is required.

\* **Location**  
Example: 45802 or Lima, OH or Ohio

  
**Hospital name (optional)**  
  


# Your Hospital

The screenshot shows the Medicare.gov Hospital Compare interface. At the top, the Medicare.gov logo is followed by 'Hospital Compare' and the tagline 'The Official U.S. Government Site for Medicare'. A navigation bar contains buttons for 'Hospital Compare Home', 'About Hospital Compare', 'About the data', 'Resources', and 'Help'. Below this, a breadcrumb trail shows 'Home' and 'Hospital Profile', with a '+ Share' link. A 'Select to print all information' link is also present. The main heading is 'Hospital profile', with a 'Back to Home' button. A row of tabs includes 'General information', 'Survey of patients' experiences', 'Timely & effective care', 'Complications & deaths', 'Hospital returns', 'Use of medical imaging', and 'Payment & value of care'. The 'General information' tab is selected and circled in red. It contains a box with the hospital's name and address: 'ABC Hospital, 123 Hospital St., City, State, Zip, (888)888-8888'. Below this is the 'Overall rating' section, showing a 4-star rating and links to 'Learn more about the overall ratings' and 'View rating details'. To the right, a list of features is displayed, each with an information icon: 'Hospital type: Acute Care Hospitals', 'Provides emergency services: Yes', 'Able to receive lab results electronically: Yes', 'Able to track patients' lab results, tests, and referrals electronically between visits: Yes', 'Uses outpatient safe surgery checklist: Yes', and 'Uses inpatient safe surgery checklist: Yes'.

Medicare.gov | Hospital Compare  
The Official U.S. Government Site for Medicare

Hospital Compare Home About Hospital Compare About the data Resources Help

Home → Hospital Profile + Share

Select to print all information

## Hospital profile

Back to Home

General information Survey of patients' experiences Timely & effective care Complications & deaths Hospital returns Use of medical imaging Payment & value of care

ABC Hospital  
123 Hospital St.  
City, State, Zip  
(888)888-8888

Overall rating: ★★☆☆☆  
Learn more about the overall ratings  
View rating details

**General information**

- Hospital type: Acute Care Hospitals
- Provides emergency services: Yes
- Able to receive lab results electronically: Yes
- Able to track patients' lab results, tests, and referrals electronically between visits: Yes
- Uses outpatient safe surgery checklist: Yes
- Uses inpatient safe surgery checklist: Yes



# Timely & Effective Care

**Hospital profile**

[Back to Home](#)

[General information](#) [Survey of patients' experiences](#) **[Timely & effective care](#)** [Complications & deaths](#) [Hospital returns](#) [Use of medical imaging](#) [Payment & value of care](#)

ABC Hospital  
123 Hospital St.  
City, State, Zip  
(888)888-8888

 **Overall rating**  [Learn more about the overall ratings](#)

[Add to My Favorites](#)  
[Map and directions for](#)

Hospital type: Acute Care Hospitals  
Provides emergency services: Yes

**Timely & effective care**

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

- ▶ [Cataract surgery outcome](#)
- ▶ [Colonoscopy follow-up](#)
- ▶ [Heart attack care](#)
- ▶ [Emergency department care](#)
- ▶ [Preventive care](#)
- ▶ [Stroke care](#)
- ▶ [Blood clot prevention & treatment](#)
- ▶ [Pregnancy & delivery care](#)

# Coming to a Report Near You

▼ <b>Unplanned readmissions &amp; hospital return days by medical condition</b>
▶ Chronic obstructive pulmonary disease (COPD)
▶ Heart attack
▶ Heart failure
▶ Pneumonia
▶ Stroke
▼ <b>30-day unplanned readmission &amp; hospital return days by surgical procedure</b>
▶ Coronary artery bypass graft (CABG)
▶ Hip/knee replacement
▶ <b>Unplanned readmission</b>

# Use of Medical Imaging

	ABC HOSPITAL	FLORIDA AVERAGE	NATIONAL AVERAGE
<p><b>Outpatients with low-back pain who had an MRI without trying recommended treatments (such as physical therapy) first.</b></p> <p>(if a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain) <i>Lower percentages are better</i></p>	42.4%	39.3% <sup>20</sup>	39.8% <sup>20</sup>
<p><b>Outpatients who had a follow-up mammogram, breast ultrasound, or breast MRI within the 45 days after a screening mammogram</b></p> <p>(a follow-up rate near 0% may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow-up)</p>	7.4%	10.6% <sup>20</sup>	8.8% <sup>20</sup>
<p><b>Outpatient CT scans of the abdomen that were "combination" (double) scans</b></p> <p>(if a number is high, it may mean that too many patients have a double scan when a single scan is all they need). <i>Lower percentages are better</i></p>	11.7%	6.9% <sup>20</sup>	7.8% <sup>20</sup>
<p><b>Outpatient CT scans of the chest that were "combination" (double) scans</b></p> <p>(if a number is high, it may mean that too many patients have a double scan when a single scan is all they need). <i>Lower percentages are better</i></p>	0.2%	1.5% <sup>20</sup>	1.8% <sup>20</sup>

# Where Is OP-26?

Español | A A A | Print About Us | Glossary | CMS.gov | Medicare.gov | MyMedicare.gov Login

## Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) [About Hospital Compare](#) [About the data](#) [Resources](#) [Help](#)

Home + Share

You can now search for Veterans Health Administration hospitals by using the location search below. You can also use our [interactive datasets](#) or [download the data](#).

### Find a hospital

A field with an asterisk (\*) is required.

**\* Location**  
Example: 45802 or Lima, OH or Ohio

  
**Hospital name (optional)**



#### Spotlight

-  View the new "Hospital Returns" tab for data on readmissions and extra days spent back in the hospital.
- Compare hospitals based on their

#### Tools and Tips

- Get information on choosing a hospital, filing a complaint, or Medicare coverage for hospital services.
- Get tips for printing hospital

#### Additional Information

- Hospital Compare data last updated: July 26, 2017. [Go to updates](#)
- Explore and download Hospital Compare data. Updated July 26, 2017. Beginning in July 2017, the



# Looking for OP-26

## Spotlight

- ◆ **NEW** View the new “Hospital Returns” tab for data on readmissions and extra days spent back in the hospital.
- ◆ Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. [Learn more.](#)
- ◆ Get data on:
  - ◆ Veterans Administration (VA) hospitals. Updated July 2017.
  - ◆ PPS-exempt cancer hospitals. Updated July 2017.
  - ◆ Inpatient Psychiatric Facility Quality Reporting measures. Updated December 2016.
  - ◆ Ambulatory surgical centers. Updated December 2016.
  - ◆ American College of Surgeons National Surgical Quality Improvement Program® outcome measures. Updated July 2017.
  - ◆ **The number of selected procedures hospital outpatient surgical departments perform.**
- ◆ View hospital survey (inspection) reports.

## Tools and Tips

- ◆ Get information on choosing a hospital, filing a complaint, or Medicare coverage for hospital services.
- ◆ Get tips for printing hospital information.
- ◆ Find and compare other healthcare providers like doctors, hospitals, nursing homes, and more.
- ◆ Compare Medicare health and drug plans.

## Additional Information

- ◆ Hospital Compare data last updated: July 26, 2017. [Go to updates](#)
- ◆ Explore and download Hospital Compare data. Updated July 26, 2017. Beginning in July 2017, the downloadable database will be provided in CSV format only.
- ◆ Get data from Medicare programs that link quality to payment.
  - ◆ Hospital Readmissions Reduction Program (HRRP). Updated December 2016.
  - ◆ Hospital Value-Based Purchasing Program (HVBP). Updated December 2016.
  - ◆ Hospital-Acquired Condition (HAC) Reduction Program. Updated December 2016.
  - ◆ **NEW** Comprehensive Care for Joint Replacement Model. New in July 2017.
- ◆ For hospitals: Update your address, phone number, and other administrative information.
- ◆ For general questions regarding Hospital Compare and the data, email [hospitalcompare@hsag.com](mailto:hospitalcompare@hsag.com).
- ◆ View providers and suppliers that are terminated or are at risk for termination from Medicare.



# Here Is OP-26

## Hospital outpatient department volume for selected outpatient surgical procedures

The aggregate count of selected outpatient procedures performed within the outpatient department (e.g., outpatient surgery, cath lab, endoscopy) from all-payer data. This excludes procedures performed within the emergency department (ED). Most hospital outpatient procedures (99 percent) fall into 1 of 9 categories: cardiovascular, eye, gastrointestinal, genitourinary, musculoskeletal, nervous system, respiratory, skin, or other.

Hospitals participating in the Hospital Outpatient Quality Reporting (OQR) Program submit this data through a web-based tool.

[Get more details about the procedure categories reported.](#)

If you would like to sort or filter these data, click the three-line menu icon for that particular column header.

Data reporting period: January 1, 2015 – December 31, 2015

**Data.Medicare.gov** MENU

Outpatient Procedures – Volume

	Provider ID	Hospital Name	Measure ID	Gastrointestinal	Eye
1	010001	SOUTHEAST ALABAMA MEDICAL C	OP-26	683	313
2	010005	MARSHALL MEDICAL CENTERS	OP-26	4161	69
3	010006	ELIZA COFFEE MEMORIAL HOSPIT	OP-26	5587	0
4	010007	MIZELL MEMORIAL HOSPITAL	OP-26	547	150
5	010008	CRENSHAW COMMUNITY HOSPIT,	OP-26	194	0
6	010011	ST. VINCENT'S EAST	OP-26	1602	0
7	010012	DEKALB REGIONAL MEDICAL CEN	OP-26	2935	56
8	010016	SHELBY BAPTIST MEDICAL CENTE	OP-26	2057	0
9	010018	CALLAHAN EYE HOSPITAL	OP-26	0	6423
10	010019	HELEN KELLER HOSPITAL	OP-26	4427	514
11	010021	DALE MEDICAL CENTER	OP-26	613	0
12	010022	CHEROKEE MEDICAL CENTER	OP-26	745	163
13	010023	BAPTIST MEDICAL CENTER SOUTI	OP-26	783	56
14	010024	JACKSON HOSPITAL & CLINIC INC	OP-26	1865	39
15	010029	EAST ALABAMA MEDICAL CENTER	OP-26	10270	1624
16	010032	WEDOWEE HOSPITAL	OP-26	217	0
17	010033	UNIVERSITY OF ALABAMA HOSPIT	OP-26	1732	1
18	010034	COMMUNITY HOSPITAL INC	OP-26	1373	32
19	010035	CULLMAN REGIONAL MEDICAL CE	OP-26	1907	1266
20	010036	ANDALUSIA REGIONAL HOSPITAL	OP-26	1548	140



# Another Place to Access

The screenshot shows the Medicare.gov Hospital Compare page. At the top, it says "Medicare.gov | Hospital Compare" and "The Official U.S. Government Site for Medicare". There are navigation buttons for "Hospital Compare Home", "About Hospital Compare", "About the data", "Resources", and "Help". Below this is a search bar with a "Home" link and a "+ Share" button. A yellow banner states: "You can now search for Veterans Health Administration hospitals by using the location search below. You can also use our [interactive datasets](#) or [download the data](#)." The main section is titled "Find a hospital" and contains a search form with fields for "Location" (with an example "45802 or Lima, OH or Ohio" and a note "A field with an asterisk (\*) is required.") and "Hospital name (optional)". A "Search" button is at the bottom of the form. To the right of the form is a photograph of a nurse in green scrubs attending to an elderly patient in a hospital bed. Below the search form are three columns of information: "Spotlight", "Tools and Tips", and "Additional Information". The "Additional Information" column is highlighted with a red border and contains a red arrow pointing to the text "Hospital Compare data last updated: July 26, 2017. Go to updates".

**Medicare.gov | Hospital Compare**  
The Official U.S. Government Site for Medicare

Hospital Compare Home About Hospital Compare About the data Resources Help

Home + Share

You can now search for Veterans Health Administration hospitals by using the location search below. You can also use our [interactive datasets](#) or [download the data](#).

### Find a hospital

A field with an asterisk (\*) is required.

\* **Location**  
Example: 45802 or Lima, OH or Ohio

ZIP code or City, State or State

**Hospital name (optional)**  
Full or Partial Hospital Name

Search



**Spotlight**

- ◆ **NEW** View the new "Hospital Returns" tab for data on readmissions and extra days spent back in the hospital.
- ◆ Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. [Learn more.](#)

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- ◆ Get information on choosing a hospital, filing a complaint, or Medicare coverage for hospital services.
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- ◆ Find and compare other healthcare providers like doctors, hospitals,

**Additional Information**

- ◆ Hospital Compare data last updated: July 26, 2017. [Go to updates](#)
- ◆ Explore and download Hospital Compare data. Updated July 26, 2017. Beginning in July 2017, the downloadable database will be provided in CSV format only.
- ◆ Get data from Medicare programs that

# Hospital Compare Datasets

[Need help downloading data?](#)

[Get supporting documents](#) ▾

## Hospital Compare datasets

These are the official datasets used on the Medicare.gov Hospital Compare Website provided by the Centers for Medicare & Medicaid Services. These data allow you to compare the quality of care at over 4,000 Medicare-certified hospitals across the country.

### Announcements:

[See less](#)

- Beginning July 2017, downloadable databases will be provided in .csv format only.
- CMS did not update the Overall Hospital Quality Star Rating in July 2017. It will be refreshed in October 2017.
- Due to data issues, data for the following measures were suppressed for the July 2017 update:
  - Healthcare Associated Infection (HAI)-1 and HAI-2 (for all hospitals)
  - HAI-6 measure data (for hospitals with inaccurate data)
- Patient Safety Indicator (PSI)-90 data were not refreshed in July 2017. The data will be updated in October 2017.
- The data collection periods are different for VA hospitals for the following measure groups: Patient Safety Indicators, 30-day rates of readmission, and 30-day death (mortality) rates. To view the data collection periods, visit Hospital Compare.
- For questions about the Hospital Compare data, contact [hospitalcompare@hsag.com](mailto:hospitalcompare@hsag.com).
- [Get help using Data.Medicare.gov](#).
- [Get the latest updates on the data](#).



DOWNLOAD CSV FLAT FILES  
(REVISED) NOW



GET ARCHIVED DATA

# Select Your Download

The screenshot shows a file manager window titled "Hospital\_Revised\_Flatfiles - SecureZIP". The window has a ribbon with tabs: Home, Organize, Compression, Extraction, View, and Miscellaneous. The ribbon includes icons for "Add Files", "Extract Files", "Encrypt Files", "Sign Files", "View", "Email Archive", "Wizard", and "Security...". The main area displays a list of files with columns: Name, Size, Type, Modified, Attributes, and Folder. A red arrow points to the file "Timely and Effective Care - Hospital.csv".

Name	Size	Type	Modified	Attributes	Folder
Medicare Hospital Spending per Patient - Hospital.csv	1,216 KB	Microsoft Excel Com...	7/6/2017 6:50 PM		
Medicare Hospital Spending per Patient - National.csv	286 B	Microsoft Excel Com...	7/6/2017 6:50 PM		
Medicare Hospital Spending per Patient - State.csv	11 KB	Microsoft Excel Com...	7/6/2017 6:50 PM		
MORT_READM_July2017.csv	331 KB	Microsoft Excel Com...	6/29/2017 7:08 PM		
Outpatient Imaging Efficiency - Hospital.csv	6,602 KB	Microsoft Excel Com...	7/6/2017 6:50 PM		
Outpatient Imaging Efficiency - National.csv	1,050 B	Microsoft Excel Com...	7/6/2017 6:50 PM		
Outpatient Imaging Efficiency - State.csv	54 KB	Microsoft Excel Com...	7/6/2017 6:50 PM		
Outpatient Procedures - Volume.csv	605 KB	Microsoft Excel Com...	6/7/2017 1:56 PM		
Payment - National.csv	973 B	Microsoft Excel Com...	7/6/2017 6:51 PM		
Payment - State.csv	37 KB	Microsoft Excel Com...	7/6/2017 6:51 PM		
Payment and Value of Care - Hospital.csv	7,767 KB	Microsoft Excel Com...	7/6/2017 6:51 PM		
readme.txt	352 B	Text Document	5/12/2005 8:01 AM		
READMISSION REDUCTION.csv	2,907 KB	Microsoft Excel Com...	11/18/2016 6:03 PM		
Structural Measures - Hospital.csv	6,339 KB	Microsoft Excel Com...	7/6/2017 6:51 PM		
Timely and Effective Care - Hospital.csv	29 MB	Microsoft Excel Com...	7/6/2017 6:51 PM		
Timely and Effective Care - National.csv	14 KB	Microsoft Excel Com...	7/6/2017 6:51 PM		
Timely and Effective Care - State.csv	686 KB	Microsoft Excel Com...	7/6/2017 6:51 PM		
VA_IPSHEP_Jul2017CMS_08MAY17.csv	418 KB	Microsoft Excel Com...	6/1/2017 5:46 PM		
VA_PSI_July2017_05092017.csv	389 KB	Microsoft Excel Com...	6/1/2017 5:46 PM		
Value of Care - National.csv	7,036 B	Microsoft Excel Com...	7/6/2017 6:51 PM		
VHA measure dates.csv	4,282 B	Microsoft Excel Com...	7/6/2017 6:50 PM		
VHA provider level data.csv	33 KB	Microsoft Excel Com...	7/6/2017 6:50 PM		

Selected 0 files, 0 bytes | Total 68 files, 286,534 KB | v14.00.0032

# A Closer Look

HO Heart Attack or Chest Pain	OP_1	Median Time to Fibrinolysis	Not Available	Not Available	3 - Results are based on a shorte
HO Emergency Department	OP_18b	OP 18	195	365	
HO Heart Attack or Chest Pain	OP_2	Fibrinolytic Therapy Received Within 30	Not Available	Not Available	3 - Results are based on a shorte
HO Emergency Department	OP_20	Door to diagnostic eval	60	372	
HO Emergency Department	OP_21	Median time to pain med	92	151	
HO Emergency Department	OP_22	Left before being seen	5	58189	
HO Emergency Department	OP_23	Head CT results	Not Available	Not Available	1 - The number of cases/patients
HO Colonoscopy care	OP_29	Endoscopy/polyp surveillance: appropri	68	34	
HO Colonoscopy care	OP_30	Endoscopy/polyp surveillance: colonos	94	50	
HO Cataract surgery outcome	OP_31	Improvement in Patient's Visual Functi	Not Available	Not Available	5 - Results are not available for t
HO Heart Attack or Chest Pain	OP_3b	Median Time to Transfer to Another Fa	Not Available	Not Available	3 - Results are based on a shorte
HO Heart Attack or Chest Pain	OP_4	Aspirin at Arrival	Not Available	Not Available	1 - The number of cases/patients
HO Heart Attack or Chest Pain	OP_5	Median Time to ECG	Not Available	Not Available	1 - The number of cases/patients

# Hospital Compare Data Archive

## Hospital Compare data archive

### 2017 Annual Files

- HOSArchive\_20170428.zip (04/28/2017, Zip File, 50684 KB)
- HOSArchive\_Revised\_Flatfiles\_20170428.zip (04/28/2017, Zip File, 14930 KB)

OIE: 3Q14 – 2Q15  
POC: 3Q15 – 1Q16

### 2016 Annual Files

- HOSArchive\_20161219.zip (12/19/2016, Zip File, 41114 KB)
- HOSArchive\_Revised\_Flatfiles\_20161219.zip (12/19/2016, Zip File, 15608 KB)
- Hospital\_20161110.zip (11/10/2016, Zip File, 52138 KB)
- Hospital\_Revised\_FlatFiles\_20161110 (11/10/2016, Zip File, 15473 KB)
- VA\_Data\_10.19.2016 (10/19/2016, Zip File, 342 KB)
- HOSArchive\_20160810.zip (08/10/2016, Zip File, 43096 KB)
- HOSArchive\_Revised\_FlatFiles\_20160810.zip (08/10/2016, Zip File, 14900 KB)
- HOSArchive\_20160504.zip (05/04/2016, Zip File, 41767 KB)
- HOSArchive\_Revised\_FlatFiles\_20160504.zip (05/04/2016, Zip File, 14377 KB)

OP-27: 4Q15 – 1Q16

OP-27: 2Q14 – 4Q14

OIE: 3Q13 – 2Q14

### 2015 Annual Files

- HAI\_CDIFR\_Revised\_2015.zip (12/18/2015, Zip File, 72 KB)
- HOSArchive\_20151210.zip (12/10/2015, Zip File, 35,082 KB)
- HOSArchive\_Revised\_FlatFiles\_20151210.zip (12/10/2015, Zip File, 13,891 KB)
- HOSArchive\_20151008.zip (10/08/2015, Zip File, 33,659 KB)
- HOSArchive\_Revised\_FlatFiles\_20151008.zip (10/08/2015, Zip File, 12,942 KB)
- MSPB\_archives.zip (10/08/2015, Zip File, 838 KB)
- HOSArchive\_20150716.zip (07/16/2015, Zip File, 35,727 KB)
- HOSArchive\_Revised\_FlatFiles\_20150716.zip (07/16/2015, Zip File, 12,076 KB)
- HOSArchive\_20150506.zip (05/05/2015, Zip File, 38577 KB)
- HOSArchive\_Revised\_Flatfiles\_20150506.zip (05/05/2015, Zip File, 13101 KB)
- HOSArchive\_20150416.zip (04/16/2015, Zip File, 37240 KB)
- HOSArchive\_Revised\_Flatfiles\_20150416.zip (04/16/2015, Zip File, 13105 KB)
- HOSArchive\_20150122.zip (01/22/2015, Zip File, 34298 KB)
- HOSArchive\_Revised\_Flatfiles\_20150122.zip (01/22/2015, Zip File, 12195 KB)

OIE: 3Q13 – 2Q14  
OP-26: 2013

OIE: 3Q12 – 2Q13  
OP-26: 2012

# What Do We Do with the Data?

## Quality Improvement Objectives:

- Quality Improvement and Performance
  - Best Practices
  - Evidence-Based Practices
- Better Patient Outcomes
  - Patient-Centered Care
- Cost Effective Care



# Questions About Public Reporting

- Hospital Outpatient Quality Reporting Support Contractor
  - Help Desk: 866-800-8756
  - Website: <http://www.qualityreportingcenter.com/>
- QualityNet
  - Website: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=1120143435363>
  - Q&A: <https://cms-ocsq.custhelp.com/>
- Hospital Compare Star Ratings
  - [cmsstarratings@lantanagroup.com](https://www.cms.gov/medicare/quality/rating-hospitals)

# Questions





# Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

# CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at [dprice@hsag.com](mailto:dprice@hsag.com).

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

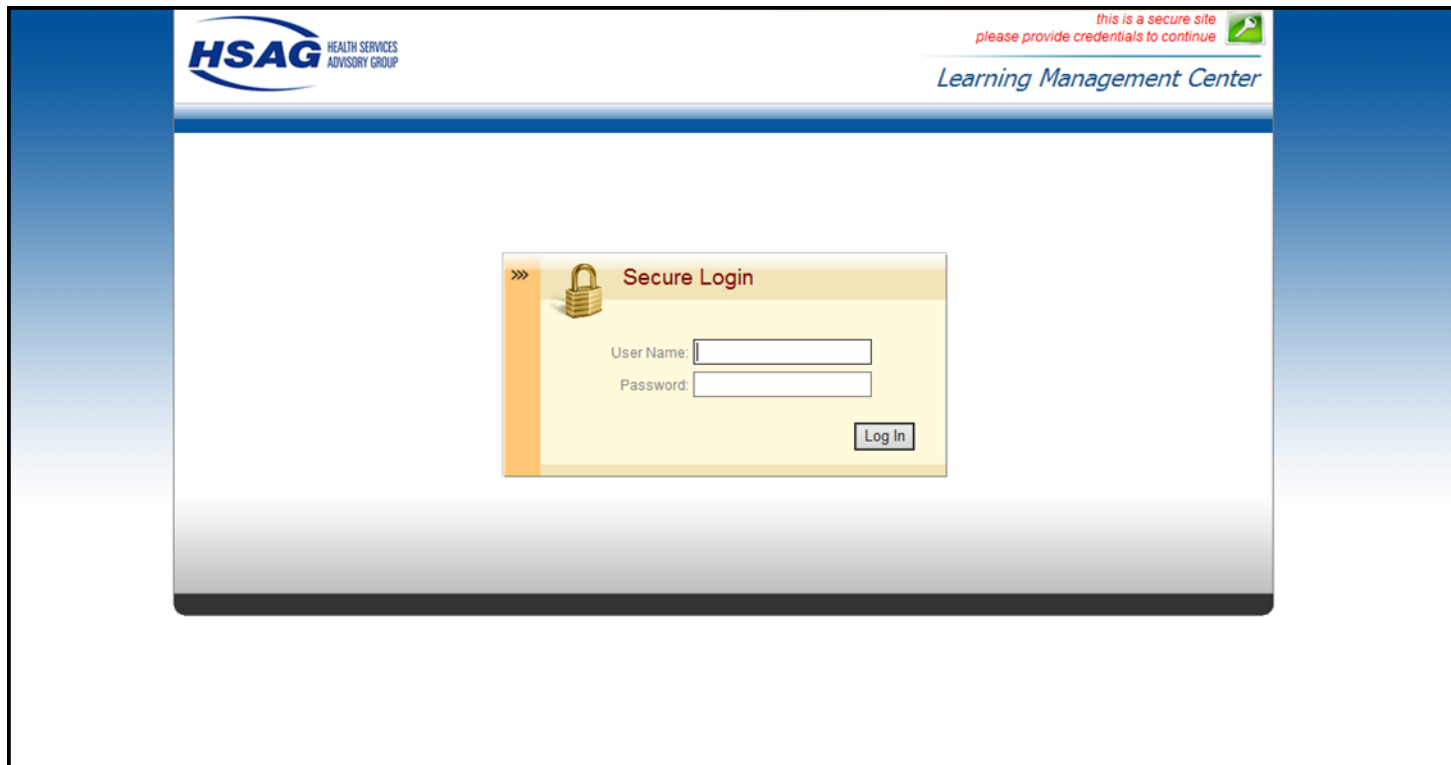
**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

The screenshot shows a web page for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". Below the heading are four input fields: "First Name:" and "Last Name:" on the top row, and "Email:" and "Phone:" on the bottom row. The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is enclosed in a white box with a blue border.

# CE Credit Process: Existing User



The screenshot shows the HSAG Learning Management Center login interface. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security warning: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a "User Name:" field, a "Password:" field, and a "Log In" button.

# Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at [www.qualitynet.org](http://www.qualitynet.org)

*Or*

- Call the Support Contractor at 866.800.8756.