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## Important Dates

### January 1–February 15, 2018

- *QualityNet Secure Portal* open for submission:
  - 3Q 2017 PC-01 for IQR-eligible hospitals

### January 3, 2018

- 3Q 2017 HCAHPS Survey data due for IQR-eligible hospitals and PCHs

### February 1, 2018

- 3Q 2017 Population and Sampling due for IQR-eligible hospitals

### February 15, 2018

- 3Q 2017 clinical, PC-01 data due for IQR-eligible hospitals
- 3Q 2017 HAI data due for IQR-eligible hospitals and PCHs
- 2Q 2017 colon cancer, breast cancer data due for PCHs
- 4Q 2016 Adjuvant Hormonal Therapy data due for PCHs

### February 28, 2018

- Data due for at least four eQMs for one self-selected quarter of CY 2017 data (1Q 2017, 2Q 2017, 3Q 2017, or 4Q 2017)

## Are You Ready for the New NHSN Agreement to Participate and Consent?

Attention ALL NHSN users! The timeline for the updated **NHSN Agreement to Participate and Consent** has been adjusted to now allow Facility Administrators the ability to review and agree to the new electronic Consent in addition to all primary contacts. For all current NHSN users, the updated Consent will be available for review and electronic signature on January 23, 2018. Primary Contacts or Facility Administrators should agree to this updated Consent form for each component by **April 14, 2018**, or risk losing access to NHSN. Once the Consent form is available on January 23, an alert will appear on all NHSN component home pages, and Primary Contacts and Facility Administrators will receive an email notification. Additional information, including Frequently Asked Questions, will be available online in the coming weeks. If you have any questions, please send an email to [NHSN@cdc.gov](mailto:NHSN@cdc.gov) with the subject line “NHSN Reconsent.”

## What's New for IQR?

Check out the latest from the Hospital IQR Program:

- [Important Dates and Deadlines](#) – Updated
- [Quick Start Guide: Accessing and Using Your Provider Participation Report](#) – Updated
- [3Q 2017 PC-01 Quick Start Guide](#) – Updated for 3Q 2017
- [FY 2020 Reporting Quarters](#) – New for 1Q 2018 through 4Q 2018
- [FY 2020 Hospital IQR Program Changes](#) – New for 1Q 2018 through 4Q 2018
- [FY 2020 Hospital IQR Program Measures for Payment Update](#) – New for 1Q 2018 through 4Q 2018
- [FY 2020 Acute Care Hospital Quality Improvement Program Measures for Payment Update](#) – New for 1Q 2018 through 4Q 2018

## Step-by-Step NHSN Location Mapping Checklist for ACHs

**STEP 1:** Review the NHSN Locations Protocol for a full list of CDC Location Labels, Codes, and Descriptions ([https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions\\_current.pdf](https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf)) and verify mapping in NHSN.

**STEP 2:** Determine whether your ACH must report Device-Associated (DA) HAI data to CMS.

*If your facility is eligible for the Hospital IQR Program, or is eligible for the Hospital VBP Program and HAC Reduction Program, then your facility is required to report CLABSI, CAUTI, SSI, MRSA Bacteremia LabID, and C. difficile LabID events to CMS.*

**PLEASE NOTE:** CMS uses the same data submitted for the Hospital IQR Program for the Hospital VBP and HAC Reduction Programs.

**STEP 3:** Determine whether your ACH has CMS-reportable locations for DA HAI events:

HAI Event	CDC Location(s)		
CLABSI	<input type="checkbox"/> IN:ACUTE:CC:B <input type="checkbox"/> IN:ACUTE:CC:C <input type="checkbox"/> IN:ACUTE:CC:M <input type="checkbox"/> IN:ACUTE:CC:MS <input type="checkbox"/> IN:ACUTE:CC:N <input type="checkbox"/> IN:ACUTE:CC:NS <input type="checkbox"/> IN:ACUTE:CC:ONC_M <input type="checkbox"/> IN:ACUTE:CC:ONC_S <input type="checkbox"/> IN:ACUTE:CC:ONC_MS	IN:ACUTE:CC:PNATL IN:ACUTE:CC:R IN:ACUTE:CC:CT IN:ACUTE:CC:S IN:ACUTE:CC:T IN:ACUTE:CC:ONC_PED IN:ACUTE:CC:B_PED IN:ACUTE:CC:CT_PED IN:ACUTE:CC:M_PED	<input type="checkbox"/> IN:ACUTE:CC:MS_PED <input type="checkbox"/> IN:ACUTE:CC_STEP:NURS <input type="checkbox"/> IN:ACUTE:CC:NURS <input type="checkbox"/> IN:ACUTE:WARD:M <input type="checkbox"/> IN:ACUTE:WARD:MS <input type="checkbox"/> IN:ACUTE:WARD:S <input type="checkbox"/> IN:ACUTE:WARD:M_PED <input type="checkbox"/> IN:ACUTE:WARD:MS_PED <input type="checkbox"/> IN:ACUTE:WARD:S_PED
CAUTI	<input type="checkbox"/> IN:ACUTE:CC:M <input type="checkbox"/> IN:ACUTE:CC:N <input type="checkbox"/> IN:ACUTE:CC:ONC_M <input type="checkbox"/> IN:ACUTE:CC:ONC_S	IN:ACUTE:CC:B IN:ACUTE:CC:C IN:ACUTE:CC:MS IN:ACUTE:CC:NS IN:ACUTE:CC:ONC_M IN:ACUTE:CC:ONC_S IN:ACUTE:CC:ONC_MS IN:ACUTE:CC:PNATL IN:ACUTE:CC:R IN:ACUTE:CC:CT IN:ACUTE:CC:S IN:ACUTE:CC:T N:ACUTE:CC:ONC_PED IN:ACUTE:CC:B_PED	IN:ACUTE:CC:CT_PED IN:ACUTE:CC:M_PED IN:ACUTE:CC:MS_PED IN:ACUTE:WARD:M IN:ACUTE:WARD:MS IN:ACUTE:WARD:S IN:ACUTE:WARD:M_PED IN:ACUTE:WARD:MS_PED IN:ACUTE:WARD:S_PED

**If your hospital has one or more reportable DA HAI location(s), your facility must submit complete and accurate data to NHSN, per the NHSN surveillance protocols and definitions, for each location within the scope of the Hospital IQR Program.**

**If your hospital has no CMS-reportable DA HAI locations, your facility must submit an “[IPPS Measure Exception Form](#)” to CMS. The form, which is available on QualityNet, allows facilities to indicate zero qualifying ICU or adult or pediatric medical, surgical, or medical/surgical ward locations.**

For more information, please see the [NHSN Location Mapping Resources](#).

## Anticipated Acute Care HSR Releases for CY 2018

Have you been wondering when the **ACH HSRs** are anticipated to be released? Wonder no more; check out the following handy table.

HSR	Release Frequency	Release Time Frame* (approximate)
<i>Hospital VBP Program PSI-90 Measures HSR</i>	<i>Removed</i>	<i>Last release April 2017</i>
<b>FY 2019 Hospital VBP Program 30-Day Risk-Standardized Mortality Measures HSR</b>	Annual	Next release April 2018
<b>FY 2019 Hospital VBP Program Risk-Standardized Complication Measures HSR</b>	Annual	Next release April 2018
<b>FY 2019 Hospital VBP Program and FY 2019 Hospital IQR Program MSPB Measure HSRs</b>	Annual	Next release May 2018
<b>FY 2019 HAC Reduction Program HSR</b>	Annual	Next release July 2018
<b>FY 2019 HRRP HSR</b>	Annual	Next release June 2018
<b>FY 2019 Hospital IQR Program HSR for CMS PSIs</b>	Annual	Next release April 2018
<b>FY 2019 Hospital IQR Program 30-Day Risk-Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, Stroke, and CABG HSR</b>	Annual	Next release April 2018
<b>FY 2019 Hospital IQR Program 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF, Pneumonia, Stroke, CABG, and THA/TKA HSR</b>	Annual	Next release April 2018
<b>FY 2019 Hospital IQR Program Risk-Standardized THA/TKA Complication Measure HSR</b>	Annual	Next release April 2018
<b>FY 2019 Hospital IQR Program 30-Day Risk-Standardized HWR Measure HSR</b>	Annual	Next release October 2018
<b>Risk-Standardized Payment Measures for AMI, HF, Pneumonia, and THA/TKA HSR</b>	Annual	Next release April 2018
<b>30-Day Risk-Standardized AMI and HF EDAC Measures HSR</b>	Annual	Next release April 2018
<b>Clinical Episode-Based Payment HSR</b>	Annual	Next release May 2018
<b>Star Ratings HSR</b>	Biannual	Next release April 2018 & October 2018

We've also included a few additional **Hospital VBP Reports** below.

Hospital VBP Report	Release Frequency	Release Time Frame* (approximate)
<b>FY 2020 Hospital VBP Baseline Report</b>	Annual	Next release March 2018
<b>FY 2019 Hospital VBP PPSR</b>	Annual	Next release August 2018

**\*PLEASE NOTE:** Release dates are approximate and are subject to change.

## New Tools for Quality Reporting

### 2017 PCHQR Program Manual

Have questions regarding the submission requirements for the PCHQR Program? Check out the updated [2017 PCHQR Program Manual](#).

### IPFQR Program Resources

- Need guidance on the FY 2019 IPFQR Program requirements? Check out the [IPFQR Program Manual Version 3.1](#) and [IPFQR Program Manual Release Notes Version 3.1](#) for all things essential to successfully meet the annual deadlines.

- The IPFQR Program Paper Tools provide an *optional*, informal abstraction mechanism to assist IPFs in the collection of data for the IPFQR Program. CMS updated the [Non-Measure Data Collection Tool](#) for data to be submitted in the **summer of 2018**. CMS added the following Paper Tools for data to be submitted in the **summer of 2019**:
  - [HBIPS-2 and -3](#)
  - [HBIPS-5](#)
  - [Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record](#)
  - [SUB-1, -2/-2a, -3/-3a](#)
  - Tobacco Use (TOB)-1,-2/-2a, -3/-3a
    - [\(Q1-Q2 2018\)](#)
    - [\(Q3-Q4 2018\)](#)
  - [Screening for Metabolic Disorders](#)
  - [Non-Measure Data Collection Tool](#)
- The [Claims-Based Measure Specifications](#) document provides detailed specifications about the Follow-Up After Hospitalization for Mental Illness (FUH) and 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) measures. This document was updated with code corrections made by the measure developer.

### Acronyms/Abbreviations

<b>ACH</b>	Acute Care Hospital	<b>ICU</b>	Intensive Care Unit
<b>AMI</b>	Acute Myocardial Infarction	<b>IMM</b>	Immunization
<b>CABG</b>	Coronary Artery Bypass Graft	<b>IPF</b>	Inpatient Psychiatric Facility
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>CDC</b>	Centers for Disease Control and Prevention	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>IQR</b>	Inpatient Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MRSA</b>	Methicillin-resistant <i>Staphylococcus aureus</i>
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>MSPB</b>	Medicare Spending per Beneficiary
<b>CY</b>	Calendar Year	<b>NHSN</b>	National Healthcare Safety Network
<b>DA</b>	Device-Associated	<b>PC</b>	Perinatal Care
<b>eCQM</b>	Electronic Clinical Quality Measure	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>EDAC</b>	Excess Days in Acute Care	<b>PPS</b>	Prospective Payment System
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness	<b>PPSR</b>	Percentage Payment Summary Report
<b>FY</b>	Fiscal Year	<b>PSI</b>	Patient Safety Indicators
<b>HAC</b>	Hospital-Acquired Condition	<b>Q</b>	Quarter
<b>HAI</b>	Healthcare-Associated Infection	<b>SSI</b>	Surgical Site Infection
<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services	<b>SUB</b>	Substance Use
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>THA</b>	Total Hip Arthroplasty
<b>HF</b>	Heart Failure	<b>TKA</b>	Total Knee Arthroplasty
<b>HRRP</b>	Hospital Readmissions Reduction Program	<b>TOB</b>	Tobacco Use
<b>HSR</b>	Hospital-Specific Report	<b>VBP</b>	Value-Based Purchasing
<b>HWR</b>	Hospital-Wide All-Cause Unplanned Readmission		