

Welcome!

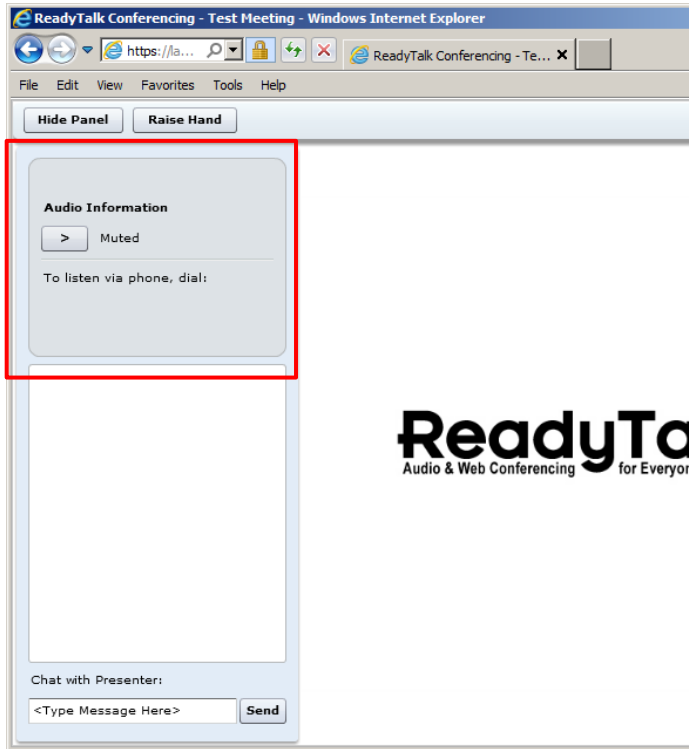
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



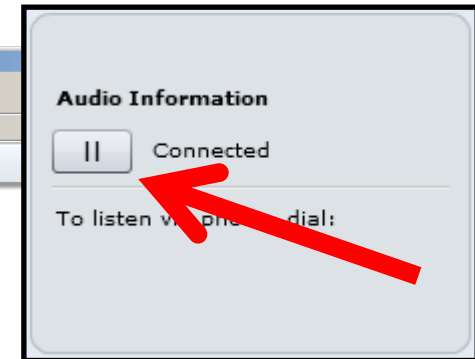
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

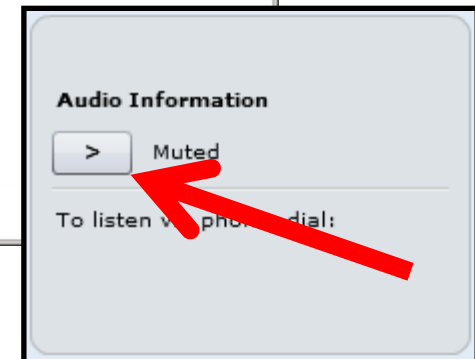
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



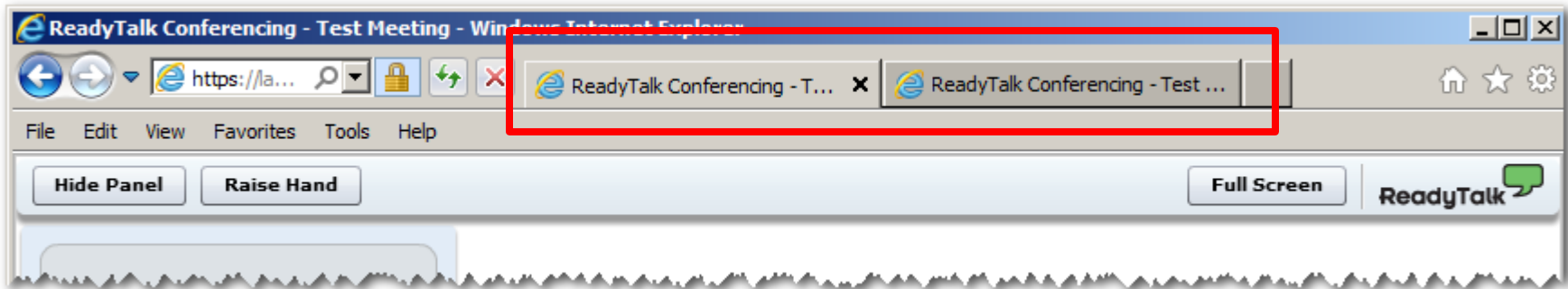
Step 1



Step 2

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

Submitting Questions

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



The screenshot shows a web browser window with a CMS interface. On the left is a chat window titled "Chat with Presenter" with a text input field and a "Send" button. On the right is a presentation slide with the CMS logo and the following text:

**Specifications Manual, Version 4.4a,
Changes & Hospital VBP Program
Improvement Series: MSPB**

November 18, 2014, 10 a.m. & 2 p.m. ET

<i>Candace Jackson, RN, Hospital IQR Support Contract Lead</i>	<i>Donna Isgett, Sr. Vice President Corporate Quality and Safety McLeod Medical Center</i>
<i>Cindy Cullen, Mathematica Policy Research</i>	<i>Amanda Molski, Quality Coordinator Memorial Hospital Sweetwater County</i>
<i>Bethany Wheeler, BS Hospital VBP Program Support Contract Lead</i>	



IPFQR Program Public Reporting and Fiscal Year 2016 Measure Results Review

Evette Robinson, MPH

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

January 7, 2016

Purpose

This presentation summarizes the steps needed to access and review the April 2016 *Hospital Compare* Preview Reports and provides an overview of the FY 2016 IPFQR Program measure results.

Learning Objectives

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

- Access and interpret data displayed in the *Hospital Compare* Preview Report
- Understand the FY 2016 measure results for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Acronyms

- **APU** Annual Payment Update
- **CCN** CMS Certification Number
- **CY** Calendar Year
- **CMS** Centers for Medicare & Medicaid Services
- **EoC** Experience of Care (associated with Patient Experience of Care measure)
- **EHR** Electronic Health Record
- **FFS** Fee-for-Service
- **FR** Final Rule
- **FUH** Follow-Up after Hospitalization for Mental Illness measure
- **FY** Fiscal Year
- **HBIPS** Hospital-Based Inpatient Psychiatric Services
- **HIQR** Hospital Inpatient Quality Reporting
- **HISP** Health Information Service Provider
- **IPPS** Inpatient Prospective Payment System
- **IPFQR** Inpatient Psychiatric Facility Quality Reporting
- **PPS** Prospective Payment System
- **N/A** Not Available
- **NHSN** National Healthcare Safety Network
- **SA** Security Administrator

IPFQR Program Public Reporting and Fiscal Year 2016
Measure Results Review

PUBLIC REPORTING REVIEW

Public Reporting Background

- Section 1886(s)(4)(E) of the Social Security Act requires the Secretary to establish procedures for making the data submitted under the IPFQR Program available to the public.
- Such procedures shall ensure that an IPF has the opportunity to review the data that are to be made public with respect to the psychiatric hospital or unit prior to such data being made public.
- Data collected will be displayed on a CMS Website.
- August 19, 2013 IPPS Final Rule finalized requirements for the FY 2014 payment determination and subsequent years.

Preview Report Access

- *Hospital Compare* Preview Period runs **January 16–February 14, 2016**
- *Hospital Compare* Preview report includes IPFQR Program measure data reported from **January 1–December 31, 2014**
- Access the IPFQR *Hospital Compare* Preview Report Quick Reference Guide on the [IPF Public Reporting of Data](#) webpage on QualityNet

Quick Reference Guide

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Hospital Compare Preview Report Quick Reference Guide

April 2016 Release

Preview Report Access

Preview Period

Preview Reports are available to participating IPFs via the *QualityNet Secure Portal* January 12 through February 10, 2016.

Preview Reports can be accessed by:

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

Preview Report can be run by selecting:

1. [Run Reports] from the *My Reports* drop-down
2. [IPFQR] from the *Report Program* drop-down
3. [Public Reporting – Preview Reports] from the list in the *Report Category* drop-down
4. [View Reports] where the selected report will display under *Report Name*
5. [Public Reporting – Preview Reports] under *Report Name*
6. [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 Content

IPFQR Program Measures

Data reported for 1Q through 4Q 2014

Chart-abstracted Measures

HBIPS-2: Hours of Physical Restraint Use

HBIPS-3: Hours of Seclusion Use

HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications

HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

HBIPS-6: Post Discharge Continuing Care Plan Created

HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

SUB-1: Alcohol Use Screening

Web-based Measures

IPFQR-PEoC: Assessment of Patient Experience of Care

IPFQR-EHR: Use of an Electronic Health Record

Claims-based Measure

FUH: The Follow-up after Hospitalization (FUH) for Mental Illness 7-day and 30-day measure results will be suppressed by CMS. The measures will display “N/A(4)” on the preview report and on *Hospital Compare*.

Footnotes

FN 1 The number of cases/patients is too few to report.

Note: When this footnote is applied, data will display on the preview report; however, *Hospital Compare* will display “Not Available” with Footnote 1.

FN 3 Results are based on a shorter time period than required.

FN 4 Data suppressed by CMS for one or more quarters.

FN 5 Results are not available for this reporting period.

FN 7 No cases met the criteria for this measure.

Questions regarding the IPFQR Preview Report or the IPFQR Program may be directed to the IPF Support Contractor.

IPFQualityReporting@cms.gov
866.800.8765, Monday-Friday, 8 a.m.-5 p.m. ET

How to Access *Hospital Compare* Preview Reports

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button and a search box. Below this is a navigation bar with "Home", "My QualityNet", and "Help" tabs. Underneath are several menu items: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". On the left side, there is a "QualityNet Registration" section with links for "Hospitals - Inpatient", "Hospitals - Outpatient", and "Physician Offices". In the center, there is a "QualityNet News" section with a "More News >" link and a news item titled "Providers selected for Hospital OQR Program validation for CY 2017" with a red arrow pointing to the right. On the right side, there is a "Log in to QualityNet Secure Portal" section with a "Login" link.

1. Access the public website for *QualityNet* at: www.qualitynet.org.
2. Select [**Login**] under the “Log in to QualityNet Secure Portal” header located in the sidebar on the right-hand side of the page.

How to Access *Hospital Compare* Preview Reports (cont.)

3. Select [Inpatient Quality Reporting Program] under “Choose Your QualityNet Destination.”

Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

End-Stage Renal Disease Quality Incentive Program

Ambulatory Surgical Center Quality Reporting Program

PPS-Exempt Cancer Hospital Quality Reporting Program

Inpatient Hospital Quality Reporting Program

Inpatient Psychiatric Quality Reporting Program

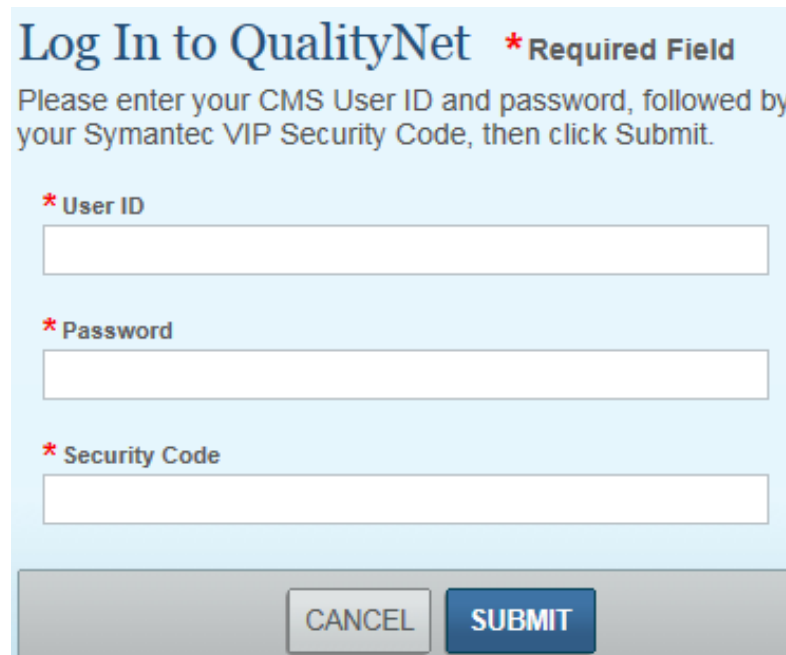
Outpatient Hospital Quality Reporting Program

Physicians Quality Reporting System / eRx

Quality Improvement Organizations

How to Access *Hospital Compare* Preview Reports (cont.)

4. Enter your *QualityNet* User ID, Password, and Security Code and select **[Submit]**.
5. Read the Terms and Conditions statement and select **[I Accept]** to proceed.



Log In to QualityNet * Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

CANCEL SUBMIT

Run the Preview Report

1. Select **[Run Reports]** from the *My Reports* drop-down.
2. Click **[Run Report(s)]** on the next screen.

The screenshot shows a web application interface with a navigation bar at the top. The navigation bar includes links for Home, Quality Programs, My Data, My Scores, and My Reports. The My Reports dropdown menu is open, showing options for Run Reports, Search Reports, and Analytics Report. A red box highlights the Run Reports option, with a red number 1 next to it. Below the navigation bar, there is a Welcome message and a Start Reports section. The Start Reports section contains a text box describing the reporting portlet and a list of options: I'd Like To... Run Report(s), Search Report(s), and View Favorite Reports. A red box highlights the Run Report(s) option, with a red number 2 next to it.

Home Quality Programs My Data My Scores My Reports

Home

Welcome

Start Reports

This reporting portlet allows you to run and access reports on quality program data to which you are granted access.

I'd Like To...

Run Report(s)

Search Report(s)

View Favorite Reports

Run the Preview Report (cont.)

Select:

3. **[IPFQR]** from the *Report Program* drop-down
4. **[Public Reporting – Preview Reports]** from the List in the *Report Category* drop-down
5. **[View Reports]** and the selected report will display under *Report Name*
6. **[Public Reporting – Preview Reports]** under *Report Name*
7. **[Run Reports]**

CMS.gov | QualityNet

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports

My Reports > Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report
The available reports are grouped by program and category combination. If you have access to a single program, your program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to run from the table below by clicking on its name.

Report Program: IPFQR

Report Category: Public Reporting - Preview Reports

VIEW REPORTS

Search Report 3 4 5

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

Search Report

The screenshot displays a web application interface with a navigation bar at the top containing four tabs: 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. The 'Search Report(s)' tab is highlighted with a red border. Below the navigation bar is a progress bar with three steps: 'Select Program, Category and Report', 'Report Parameters', and 'Confirmation'. The 'Confirmation' step is currently active. The main content area features a 'Report Submitted' heading followed by a message: 'Thank you. Your report request has been submitted for processing. Processing time may vary due to the number of current requested reports. To run the same report with different parameters, click RUN SAME REPORT. To run a new report, click RUN NEW REPORT. To search and view submitted reports, click SEARCH REPORTS. To make this report a Favorite, click SEARCH REPORTS. To manage your Favorites, click the Favorites tab.' At the bottom of the interface, there are four buttons: 'CANCEL', 'RUN SAME REPORT', 'RUN NEW REPORT', and 'SEARCH REPORTS'. The 'SEARCH REPORTS' button is highlighted with a red border.









After the report request is submitted, select the [**Search Reports**] button OR select the [**Search Report(s)**] tab.

View the Preview Report

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.

The screenshot shows a web interface for searching reports. At the top, there are tabs for 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. Below the tabs, there is a search area with a text input for 'Search Report Name', a date range for 'Requested Date' (01/08/2015 to 07/07/2015), a 'Show Reports' dropdown set to 'ALL', and buttons for 'RESET', 'SEARCH', and 'REFRESH REPORT STATUS'. Below the search area is a table with the following columns: STATUS, DATE REQUESTED, REPORT NAME, LAST DOWNLOADED, SIZE (MB), and ACTION. The first row shows a green checkmark in the STATUS column, a date of 07/07/2015 11:25:10, and the report name 'Public Reporting – Preview Reports'. The second row shows a green checkmark, a date of 06/02/2015 13:50:06, and the same report name. The ACTION column contains icons for search, download, star, and refresh. A red box highlights the 'STATUS' column header. Red arrows point from 'View' and 'Download' labels to the search and download icons in the ACTION column.

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
✓	07/07/2015 11:25:10	Public Reporting – Preview Reports		0.0097	   
✓	06/02/2015 13:50:06	Public Reporting – Preview Reports		0.0073	   

Preview Report Content

Report Run Date: 11/19/2015

Header

Hospital Compare Preview Report: Improving Care Through Information
Inpatient Psychiatric Facility Quality Reporting Program
Reporting Period for IPFQR Measures: First Quarter 2014 through Fourth Quarter 2014 Discharges

000000-NAME OF IPF

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

Type of Facility: Short-term
 Type of Ownership: Proprietary
 Emergency Service Provided: No

Web-Based Measures Set IPFQR-HBIPS					State			National		
Measure Description	Age Group	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours
HBIPS-2: Hours Of Physical-Restraint Use										
	1 - 12 years	0	0	N/A(3,7)	400	1280	13.02	1832	3608	21.16
	13 - 17 years	0	0	N/A(3,7)	400	1280	13.02	1744	3608	20.14
	18 - 64 years	53.44	94	23.69(3)	400	1280	13.02	1744	3608	20.14
	65 and over	0	0	N/A(3,7)	400	1280	13.02	1744	3608	20.14
	Overall	53.44	94	23.69	1600	5120	13.02	7064	14432	20.39

Web-Based Measures Set IPFQR-HBIPS					State			National		
Measure Description	Age Group	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours
HBIPS-3: Hours Of Seclusion										
	1 - 12 years	0	0	N/A(3,7)	48	144	13.89	250	942	11.06
	13 - 17 years	0	0	N/A(3,7)	48	144	13.89	450	934	20.07
	18 - 64 years	5.17	64	3.37(3)	48	144	13.89	250	934	11.15
	65 and over	0	0	N/A(3,7)	48	144	13.89	250	934	11.15
	Overall	5.17	64	3.37	192	576	13.89	1200	3744	13.35

Footnote Legend

- 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.

Footer

Preview Report Content

Web-Based Measures Set IPFQR-HBIPS					Facility			State			National		
Web-Based Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total			
HBIPS-4: Patients Discharged On Multiple Antipsychotic Medications													
	1 - 12 years	0	0	0.00(4)	12	24	50.00%	48	108	44.44%			
	13 - 17 years	0	0	0.00(4)	12	24	50.00%	48	108	44.44%			
	18 - 64 years	2	33	6.06(4)	12	24	50.00%	48	108	44.44%			
	65 and over	6	71	8.45(4)	12	24	50.00%	48	108	44.44%			
	Overall	8	104	7.69(4)	48	96	50.00%	192	432	44.44%			

Web-Based Measures Set IPFQR-HBIPS					Facility			State			National		
Web-Based Measure Description	Age Group	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total			
HBIPS-5: Patients Discharged On Multiple Antipsychotic Medications With Appropriate Justification													
	1 - 12 years	0	0	0.00(4)	12	24	50.00%	192	296	64.86%			
	13 - 17 years	0	0	0.00(4)	12	24	50.00%	192	296	64.86%			
	18 - 64 years	1	N/A(1)	50.00(4)	12	24	50.00%	192	296	64.86%			
	65 and over	6	N/A(1)	100.00(4)	12	24	50.00%	192	296	64.86%			
	Overall	7	N/A(1)	87.50(4)	48	96	50.00%	768	1184	64.86%			

Preview Report Content

Web-Based Measures Set IPFQR-HBIPS					State			National		
Web-Based Measure Description	Age Group	Facility			Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
		Numerator	Denominator	% of Total						
HBIPS-6: Post-Discharge Continuing Care Plan Created										
	1 - 12 years	0	0	N/A(3,7)	8	16	50.00%	376	616	61.04%
	13 - 17 years	0	0	N/A(3,7)	8	16	50.00%	376	616	61.04%
	18 - 64 years	42	42	100.00(3)	8	16	50.00%	376	616	61.04%
	65 and over	111	112	99.11(3)	8	16	50.00%	376	616	61.04%
	Overall	153	154	99.35%	32	64	50.00%	1504	2464	61.04%

Web-Based Measures Set IPFQR-HBIPS					State			National		
Web-Based Measure Description	Age Group	Facility			Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
		Numerator	Denominator	% of Total						
HBIPS-7: Post-Discharge Continuing Care Plan Transmitted To The Next Level Of Care Provider Upon Discharge										
	1 - 12 years	0	0	N/A(3,7)	4	8	50.00%	4	8	50.00%
	13 - 17 years	0	0	N/A(3,7)	4	8	50.00%	4	8	50.00%
	18 - 64 years	42	42	100.00(3)	4	8	50.00%	4	8	50.00%
	65 and over	111	112	99.11(3)	4	8	50.00%	4	8	50.00%
	Overall	153	154	99.35%	16	32	50.00%	16	32	50.00%

Preview Report Content

Substance Use		Facility			State			National		
Measure ID	Measure Description	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
SUB-1	Alcohol Use Screening	N/A(5)	N/A(5)	N/A(5)	53340	81984	65.06%	9405339	1525976	256.81%

Assessment of Patient Experience of Care		Facility	State			National		
Measure ID	Measure Description	Response	Response	Facility Count	Percentage	Response	Facility Count	Percentage
IPFQR-PEoC	Did Your Facility Routinely Assess Patient Experience Of Care Using A Standardized Collection Protocol And A Structured Instrument?	Yes	Yes	2	100.00%	Yes	6	85.71%
			No	0	0.00%	No	1	14.29%

Use of an Electronic Health Record (EHR)		Facility	State			National		
Measure ID	Measure Description	Response	Response	Facility Count	Percentage	Response	Facility Count	Percentage
IPFQR-EHR	Please Select Which Of The Following Statements Best Describes Your Facility'S Highest Level Typical Use Of An Ehr System (Excluding The Billing System) During The Reporting Period:	N/A(5)	Paper or Other Form	1	50.00%	Paper or Other Form	3	50.00%
			Non-Certified EHR Technology	1	50.00%	Non-Certified EHR Technology	1	16.67%
			Certified EHR Technology	0	0.00%	Certified EHR Technology	2	33.33%
	Did The Transfers Of Health Information At Times Of Transitions In Care Include The Exchange Of Interoperable Health Information With A Health Information Service Provider (Hisp)?	N/A(5)	Yes	1	50.00%	Yes	4	66.67%
			No	1	50.00%	No	2	33.33%

Preview Report Content

Follow-Up After Hospitalization for Mental Illness		Facility			State			National		
Measure ID	Measure Description	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
FUH-30	Follow-up after Hospitalization for Mental Illness 30-Days	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)
FUH-7	Follow-up after Hospitalization for Mental Illness 7-Days	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)	N/A(4)

Footnote Legend

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.

IPFQR Program Public Reporting and Fiscal Year 2016
Measure Results Review

FY 2016 MEASURE RESULTS

Overall Statistics

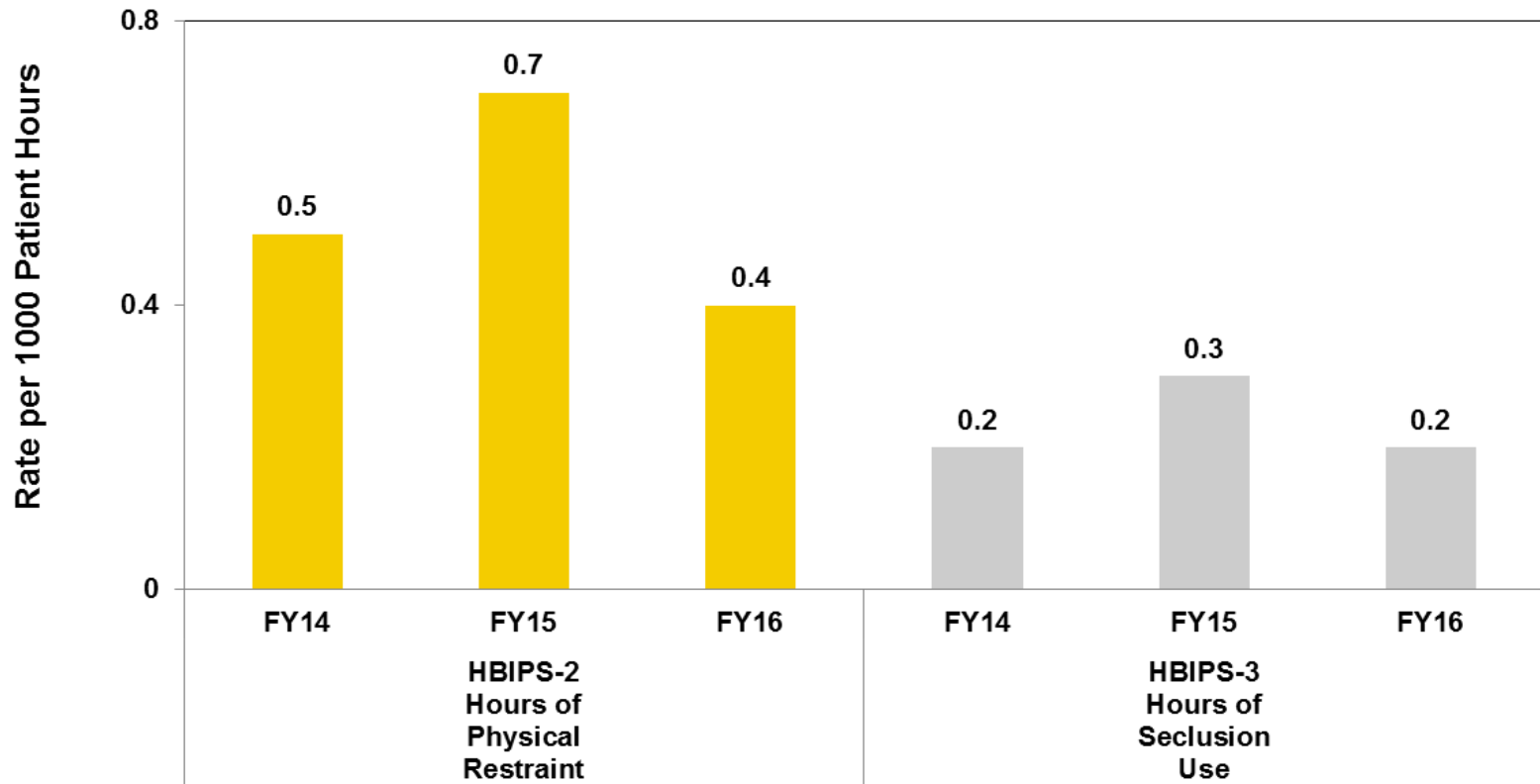
- **1,559** IPFs participated in both FY 2015 and FY 2016 quality reporting.
- **99.0%** (1,543) of those IPFs maintained or improved performance for at least one HBIPS measure.

FUH Measure Data Suppression

- Problems encountered with the coding and calculation of the initial FUH measure results prevented them from being reported for this year.
- These problems are being corrected and other modifications to the calculation of the measure are being considered to improve its usefulness for the program.
- Accordingly, the FUH for Mental Illness 7-day and 30-day measure results will be suppressed by CMS.
 - **N/A(4)** will be displayed on the Preview Report and on *Hospital Compare*.

HBIPS-2 and HBIPS-3 Measure Results

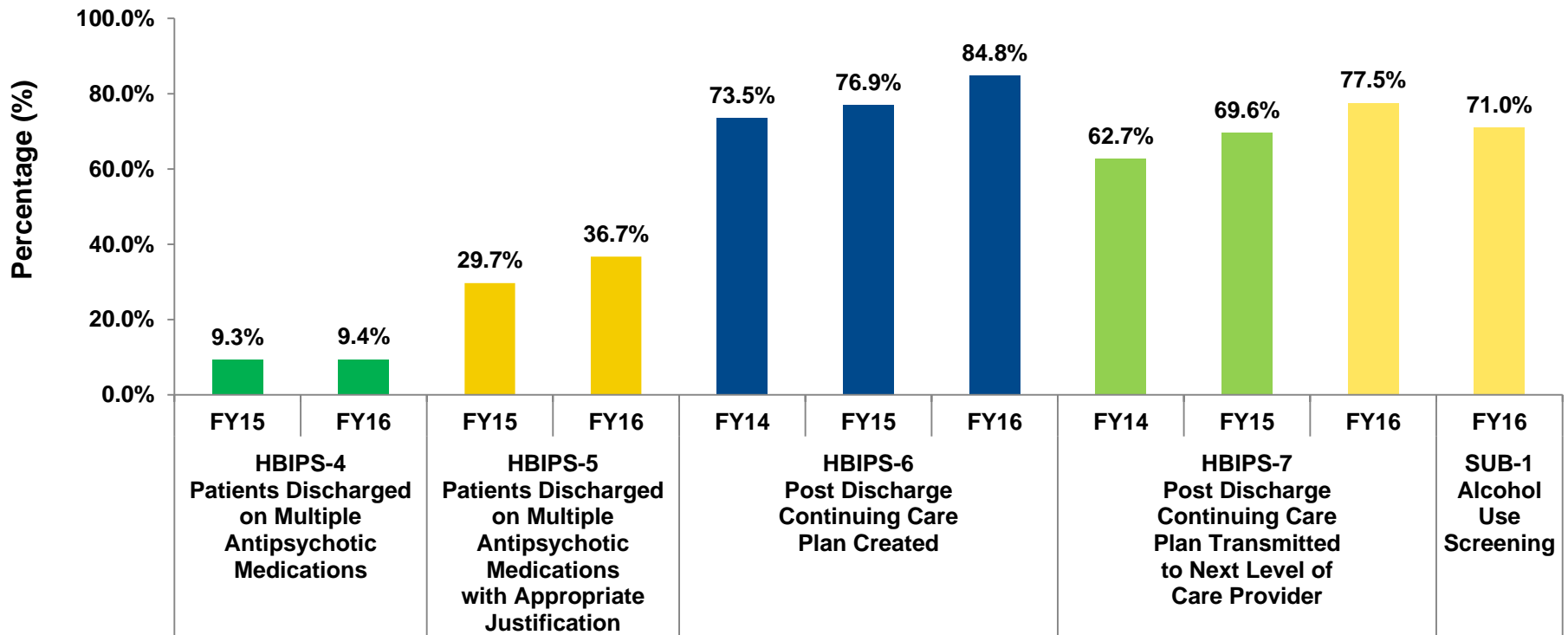
Quality Measures



Notes:

- Lower values for HBIPS-2 and HBIPS-3 indicate better performance.

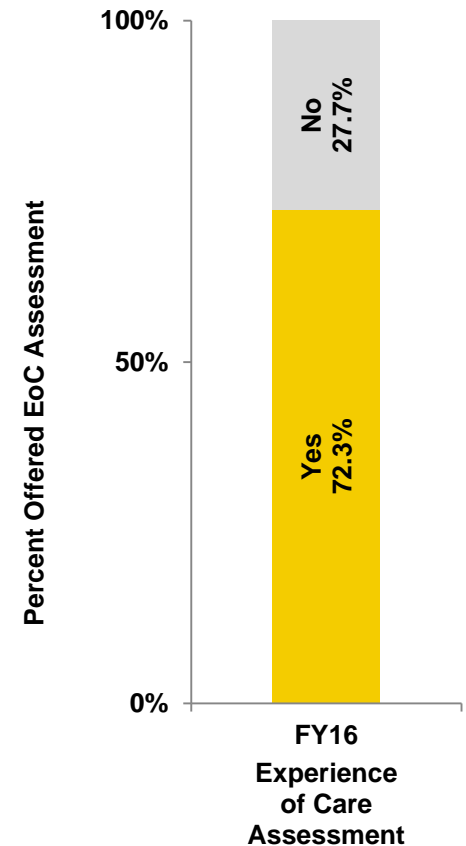
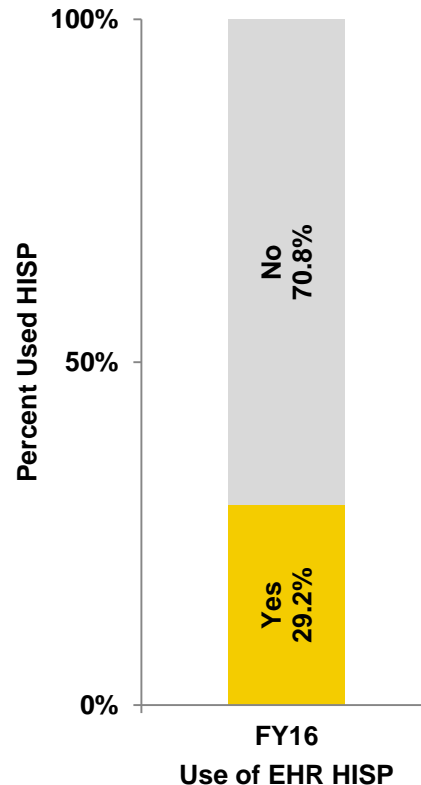
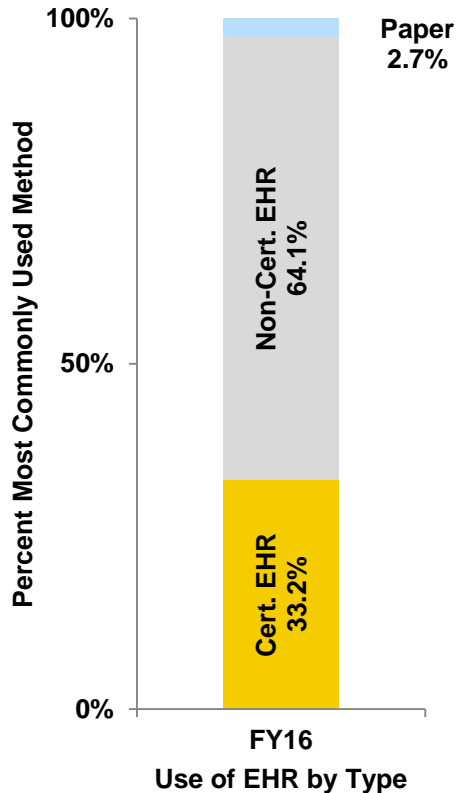
HBIPS-4 through -7 and SUB-1 Measure Results



Notes:

- HBIPS-4 and HBIPS-5 measure data were blinded for FY 2014.
- Lower values for HBIPS-4 indicate better performance.

EHR and Patient Experience of Care Assessment Measure Results



Notes:

- A Health Information Services Provider (HISP) manages security and transport for health information exchange among health care entities or individuals using the Direct standard for transport.

Recognition for FY 2016 Performance

We would like to take this opportunity to recognize the top 20 performers, as well as the IPFs that demonstrated the most improvement from FY 2015 to FY 2016.

The methodology for analysis was as follows:

- Lower rates indicate better performance
 - HBIPS-2, -3, and -4
- Higher rates indicate better performance
 - HBIPS-5, -6, and -7
 - SUB-1

Top 20 Performers for FY 2016

Highest Performing IPFs for FY 2016				
<u>Overall Rank</u>	<u>CCN</u>	<u>City</u>	<u>State</u>	<u>Hospital Name</u>
1	010150	GREENVILLE	AL	L V STABLER MEMORIAL HOSPITAL
1	190144	MINDEN	LA	MINDEN MEDICAL CENTER
1	320065	HOBBS	NM	LEA REGIONAL MEDICAL CENTER
1	370023	DUNCAN	OK	DUNCAN REGIONAL HOSPITAL, INC
1	390304	PHILADELPHIA	PA	ROXBOROUGH MEMORIAL HOSPITAL
1	440102	FAYETTEVILLE	TN	LINCOLN MEDICAL CENTER
7	010012	FORT PAYNE	AL	DEKALB REGIONAL MEDICAL CENTER
8	241356	ONAMIA	MN	MILLE LACS HEALTH SYSTEM
9	361332	HILLSBORO	OH	HIGHLAND DISTRICT HOSPITAL
10	250017	HOUSTON	MS	TRACE REGIONAL HOSP AND SWING BED
11	150104	LEBANON	IN	WITHAM HEALTH SERVICES
12	444019	CLARKVILLE	TN	BEHAVIORAL HEALTHCARE CENTER AT CLARKSVILLE
13	450388	SAN ANTONIO	TX	METHODIST HOSPITAL
14	120004	WAHIAWA	HI	WAHIAWA GENERAL HOSPITAL
15	180005	PRESTONSBURG	KY	HIGHLANDS REGIONAL MEDICAL CENTER
16	450147	VICTORIA	TX	DE TAR HOSPITAL NAVARRO
17	450670	TOMBALL	TX	TOMBALL REGIONAL MEDICAL CENTER
18	050158	ENCINO	CA	ENCINO HOSPITAL MEDICAL CENTER
19	100226	ORANGE PARK	FL	ORANGE PARK MEDICAL CENTER
20	231332	PAW PAW	MI	BRONSON LAKEVIEW HOSPITAL

Most Improved Performance from FY 2015 to FY 2016

IPFs with Greatest Improvement between FY 2015 and FY 2016				
Overall Rank	CCN	City	State	Hospital Name
1	494032	WILLIAMSBURG	VA	THE PAVILION AT WILLIAMSBURG PLACE
2	230273	DETROIT	MI	DETROIT RECEIVING HOSPITAL
3	500051	BELLEVUE	WA	OVERLAKE HOSPITAL MEDICAL CENTER
4	190005	NEW ORLEANS	LA	UNIVERSITY MEDICAL CENTER NEW ORLEANS
5	110015	VILLA RICA	GA	TANNER MEDICAL CENTER VILLA RICA
6	310058	PARAMUS	NJ	BERGEN REGIONAL MEDICAL CENTER
7	490005	WINCHESTER	VA	WINCHESTER MEDICAL CENTER
8	314026	BELLE MEAD	NJ	EAST MOUNTAIN HOSPITAL
9	360137	CLEVELAND	OH	UNIVERSITY HOSPITALS OF CLEVELAND
10	500008	SEATTLE	WA	UNIVERSITY OF WASHINGTON MEDICAL CTR
11	490122	ALEXANDRIA	VA	INOVA MOUNT VERNON HOSPITAL
12	050360	GREENBRAE	CA	MARIN GENERAL HOSPITAL
13	330399	BRONX	NY	ST BARNABAS HOSPITAL
14	440200	WOODBURY	TN	STONES RIVER HOSPITAL
15	010078	ANNISTON	AL	NORTHEAST ALABAMA REGIONAL MED CENTER
16	300012	MANCHESTER	NH	ELLIOT HOSPITAL
17	290005	NORTH LAS VEGAS	NV	NORTH VISTA HOSPITAL
18	180029	HAZARD	KY	HAZARD ARH REGIONAL MEDICAL CENTER
19	450330	RICHMOND	TX	OAKBEND MEDICAL CENTER
20	300003	LEBANON	NH	MARY HITCHCOCK MEMORIAL HOSPITAL

IPFQR Program Public Reporting and Fiscal Year 2016 Measure
Results Review

HELPFUL RESOURCES

Upcoming IPFQR Program Educational Webinar Dates

- **January 2016**
 - New Measures and Non-Measure Reporting – Part 2
- **February 2016**
 - NHSN Registration and Influenza among Healthcare Personnel Measure Refresher
- **March 2016**
 - Care Transition Measures

IPFQR Program Resources

Revised resources available online include:

- IPFQR Program Manual
- IPF Abstraction Tools for the following Measures
 - Event Tracking Log for HBIPS-2 and HBIPS-3
 - HBIPS-5
 - IMM-2
 - SUB
 - TOB

Revised IPFQR program resources are available on:

- *QualityReportingCenter.com* under IPFQR Program Resources and Tools: <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>
- *QualityNet.org* under Inpatient Psychiatric Facilities > Resources: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>

Other Helpful Links

- **FY 2016 IPF PPS Final Rule:**
<http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf>
- **Specification Manual for Joint Commission National Quality Core Measures:**
<https://manual.jointcommission.org/>
- **Specifications Manual for National Hospital Inpatient Quality Measures, Version 5.0b:**
https://www.qualitynet.org/dcs/ContentServer?c=Page&page_name=QnetPublic%2FPage%2FQnetTier3&cid=1228774725171

IPFQR Program General Resources



Q & A Tool

<https://cms-ip.custhelp.com>



Email Support

IPFQualityReporting@area-m.hcqs.org



Phone Support

866.800.8765



Inpatient Live Chat

www.qualityreportingcenter.com/inpatient



Monthly Web Conferences

www.QualityReportingCenter.com



Secure Fax

877.789.4443



ListServes

Sign up on
www.QualityNet.org



Website

www.QualityReportingCenter.com

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 a separate registration from ReadyTalk
 - Please use your PERSONAL email so you can receive your certificate
 - Healthcare facilities have firewalls up that block our certificates

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out
- Please go back to the **New User** link and register your personal email account
 - Personal emails do not have firewalls

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" with 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 format guide showing dashes. Below the input fields is a "Register" button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

Learning Management Center

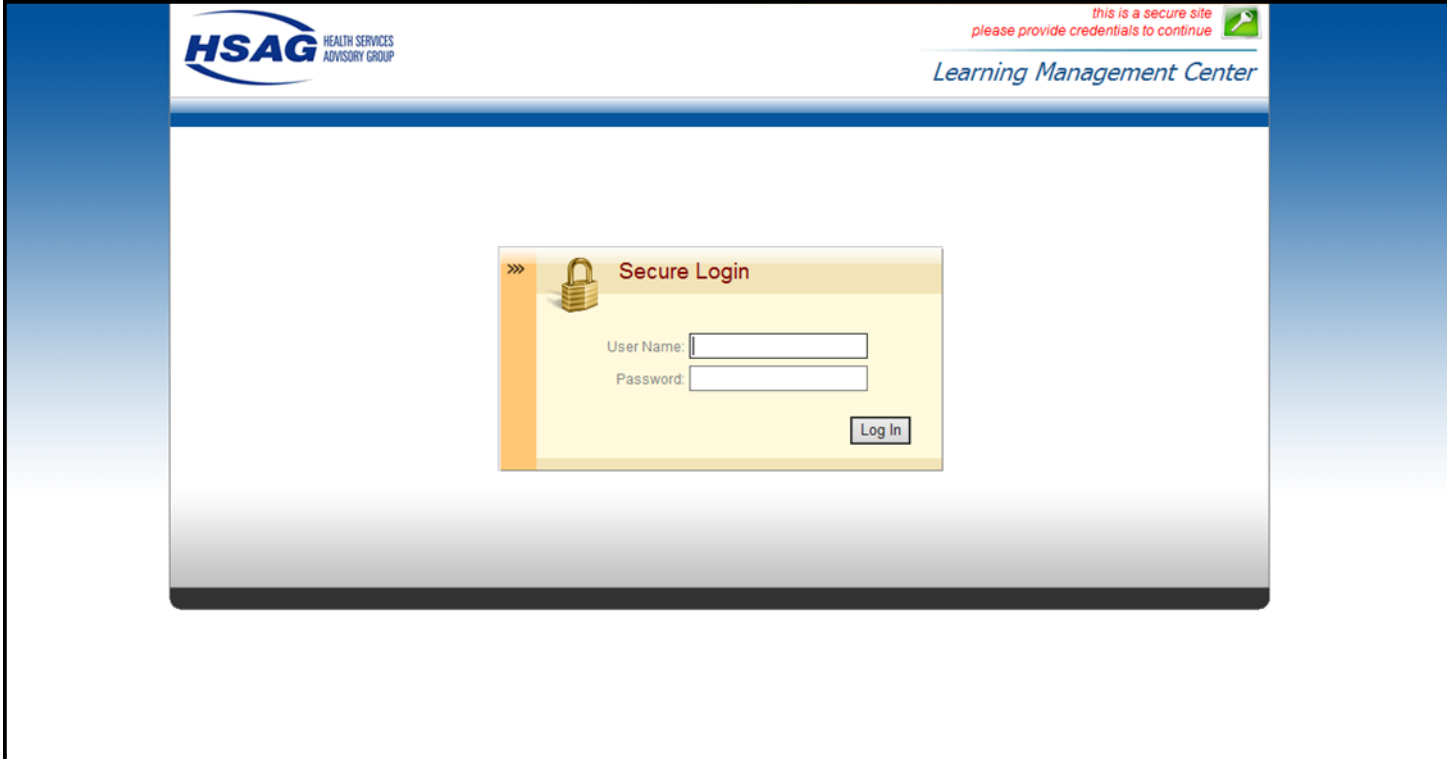
Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

Register

CE Credit Process: Existing User



The screenshot displays the login interface 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, a red security notice reads "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 central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.