

## Navigating IQR Reports: Tips to Access, Run, and Review

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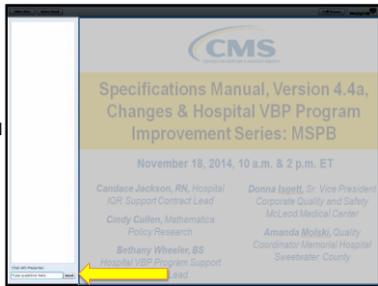
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## Navigating IQR Reports: Tips to Access, Run, and Review

April 27, 2015  
2 p.m. ET

Candace Jackson, RN  
Inpatient Quality Reporting Support Contract Lead  
HSAG

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## Overview

This presentation will provide the participant with information regarding the Inpatient Quality Reporting (IQR) Reports on the *QualityNet Secure Portal*, including:

- What reports are available
- The purpose of each report
- How to access, run, and interpret data provided on the report

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## Objectives

At the end of the presentation, the participant will be able to:

- Identify where reports are available, their purpose, and where to locate them on the *QualityNet Secure Portal*
- Demonstrate the steps in running a report on the *QualityNet Secure Portal*
- Select appropriate report, run it, and interpret the data provided

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## Accessing Reports



1. Visit *QualityNet*, [www.qualitynet.org](http://www.qualitynet.org).
2. Sign-in to the secure portal by selecting the **[Login]** button.
3. On the secure portal Home page, select **[My Reports]**.
4. Select Run Reports, Search Reports, or Analytics Reports.

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## Claims Detail Report

Displays Medicare Fee-for-Service (Part A) finalized claims only, including:

1. Date of most recent claims data
2. Number linked to the beneficiary's claim
3. Claim start and end dates
4. Corresponding measure set

Report Run Date:

Hospital Reporting - Claims Detail Report - Inpatient  
 Provider:  
 Discharge Quarter: Q1/Q1/2013 - Q3/Q3/2013

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## Provider Participation Report: Parameters

**Purpose:**  
 Summarizes the provider's data submission; however, does not guarantee provider will receive full APU

- Report Parameters:**
1. State/Provider
  2. Calendar Year
  3. Discharge Quarter
  4. Report Format
  5. [RUN REPORT]

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## Provider Participation Report: Clinical Measures

Clinical Measures Display:

1. Total Patient Population
2. Total Medicare Claims
3. Total Cases Accepted
4. Sampling Frequency

✓ Updated nightly with data successfully submitted/processed from the previous day

Measure Set <sup>1</sup>	Total Cases Accepted <sup>2</sup>	Total Medicare Claims <sup>2</sup>	Total Patient Population <sup>2</sup>	Total Sample Size <sup>2</sup>	Discharge Quarter Sample Frequency <sup>2</sup>
IQR-AMI	0	0	0	0	Not Sampled
IQR-HF	4	1	4	4	Not Sampled
IQR-IPN	21	0	21	21	Not Sampled
IQR-SCP - Strata 1 (CABG)	0	0	0	0	Not Sampled
IQR-SCP - Strata 2 (Other Cardiac Surgery)	0	0	0	0	Not Sampled
IQR-SCP - Strata 3 (Hip Arthroplasty)	0	0	0	0	Not Sampled
IQR-SCP - Strata 4 (Knee Arthroplasty)	1	1	1	1	Not Sampled
IQR-SCP - Strata 5 (Colon Surgery)	2	0	2	2	Not Sampled
IQR-SCP - Strata 6 (Hysterectomy)	1	0	1	1	Not Sampled
IQR-SCP - Strata 7 (Vascular Surgery)	0	0	0	0	Not Sampled

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## Provider Participation Report: PC-01 and HAI

- PC (PC-01 Elective Delivery) IQR-HAI Quality Measure Data
1. Total Numerator
  2. Total Denominator
  3. Total Population
  4. Total Exclusions
  5. IQR-HAI Data Submitted
  6. Last NMSN File Update to CMS

Measure Set	Total Numerator <sup>1</sup>	Total Denominator <sup>2</sup>	Total Patient Population	Total Sample Size	Discharge Quarter	Quarter Sample Frequency	Total Exclusions <sup>3</sup>
PC-01 Elective Delivery	6	2	26	26	Real Sampled	23	23

Exclusion	Count
ICD-9-CM Principal or Other Diagnosis Code Not effective delivery	6
Enrolled in a Clinical Trial <sup>4</sup>	0
Calendar age greater than 100 or less than 0	0

IQR-HAI Quality Measure Data <sup>5</sup>	IQR-HAI Data Submitted	Last NMSN File Update to CMS <sup>6</sup>
Catheter	Yes	02/27/2015
CAUTI	Yes	02/27/2015
CLABSI	Yes	02/27/2015
Healthcare Personnel Influenza Vaccination	Yes	02/27/2015
HSA Healthcare	Yes	02/27/2015
SSI - Abdominal/Hygiene/Skin	Yes	02/27/2015
SSI - Cardiac Surgery	Yes	02/27/2015

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## Case Status Report: Parameters

**Report Parameters**  
Select the parameters that define the report you will run. See also RUN REPORT.  
\* Indicates required fields.

**Hospital Reporting - Case Status Summary Report - IQR**

State:

Provider:  1

Discharge Quarter:  2

Submitter:  3  
(If you are Submitter you must select a Provider and a Discharge Quarter)

Measure Set:  4

Report Format:  5

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- Purpose:**  
Provides a total of unique cases submitted to the Clinical Warehouse by measure set for the specified discharge period
- Report Parameters:**
1. State/Provider
  2. Discharge Quarter
  3. Submitter
  4. Measure Set
  5. Report Format
  6. [RUN REPORT]

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## Case Status Report

- Displays:
1. Measure Set
  2. Total number of unique cases submitted
  3. Total number of cases accepted
  4. Total number of cases rejected

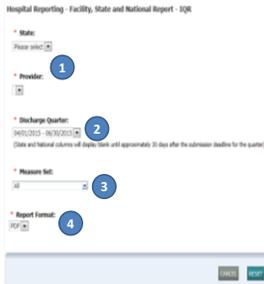
- ✓ Duplicate submissions of the same case are counted only once.
- ✓ Deleted cases and test cases are removed from all case counts.

Measure Set	Unique Cases Submitted <sup>1</sup>	Cases Accepted <sup>2</sup>	Cases Rejected <sup>3</sup>
IQR-ED	45	45	0
IQR-AMI	46	46	0
IQR-PN	11	11	0
IQR-VTE	36	36	0

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## Facility, State and National Report: Parameters



- Purpose:**  
Summarizes and compares by quarter data for measure(s) at facility, state, and national levels
- Report Parameters:**
1. State/Provider
  2. Discharge Quarter
  3. Measure Set
  4. Report Format
  5. [RUN REPORT]

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## Facility, State and National Report: Clinical Measures

Report data includes:

1. Number of hospital records abstracted for a provider
2. Number of cases that met the intent for the measure (Numerator)
3. Number of cases in the measure population successfully accepted (Denominator)
4. Percentage included in the denominator that is included in the numerator

- ✓ All data and calculations are obtained from cases that have been successfully accepted into the Clinical Warehouse.
- ✓ State and National columns will display blank until approximately 30 days after the submission deadline for the quarter.

Measure Set (CMS)	Facility			State <sup>a</sup>			National <sup>a</sup>		
	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
PC-1 Intensive Postoperative Care	20	20	100%						
PC-2 Discharge on Anticoagulant Therapy	20	20	100%						
PC-3 Discharge on Therapy for Heart Failure	1	1	100%						
PC-4 Discharge on Therapy for Heart Failure (PCI)	1	1	100%						
PC-5 Discharge on Therapy for Heart Failure (MI)	20	20	100%						
PC-6 Discharge on Pain Medication	20	20	100%						
PC-7 Discharge on Medication	20	20	100%						
PC-8 Return to Hospitalization	20	20	100%						

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## Facility, State and National Report: PC-01 and HAI

Measure Set (CMS)	Facility						State <sup>a</sup>						National <sup>a</sup>					
	Measure	Exclusion	Numerator	Denominator	% of Total	Exclusions Total - Count <sup>b</sup>	Numerator	Denominator	% of Total	Exclusions Total - Count <sup>b</sup>	Numerator	Denominator	% of Total	Exclusions Total - Count <sup>b</sup>				
PC-01 Elective Delivery			0	7	0		33	460	7		3,649	57,263	6					
	ICD-9-CM Principal or Other Diagnosis Code for Elective Delivery					61			1,534			193,230						
	Excluded as a Clinical Trial					0			1			393						
	Prior Uterine Surgery					17			208			20,886						
	Gestational age patients <37 or >=39 weeks gestation					20			1,293			149,409						
	TOTAL EXCLUSION COUNTS					98			3,026			344,817						

Measure Set (CMS)	Facility						State <sup>a</sup>						National <sup>a</sup>					
	Number of Observed Infections	Number of Predicted Infections	Standardized Infection Ratio (SIR)	ICU Location <sup>b</sup>	Days Dependent <sup>c</sup>	Days Dependent <sup>c</sup>	Number of Observed Infections	Number of Predicted Infections	Standardized Infection Ratio (SIR)	ICU Location <sup>b</sup>	Days Dependent <sup>c</sup>	Number of Observed Infections	Number of Predicted Infections	Standardized Infection Ratio (SIR)				
C-01a	3	675	.77	Not Applicable	100	10/10/10												
C-01b	1	134	1.78	Yes	85	10/10/10												
C-01c	6	140	.88	Yes	57	10/10/10												
HAI-All Infections	7	947	.74	Not Applicable	100	10/10/10												
ICU-All Infections	1	20	1.0	Yes	19	10/10/10												
ICU-Non-ICU	1	32	.68	Yes	19	10/10/10												

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## Measure Status by Case

Displays

1. Population Eligible
2. Whether case was included in the numerator
3. If the case was excluded from the measure
4. If excluded, the reason for the exclusion

✓ *Rejected cases are not included in this report.*

Measure	Population Eligible (Denominator)	Passed the Measure (Numerator)	Excluded From the Measure Calculation	Continuous Variable?	UTID?	Reason for Exclusion
Measure ID	Provider Name					
Detailed Description: VTE (Discharge/Admission Report) - QIG						
Patient ID	Admit Date: 06/05/2014	Discharge Date: 06/06/2014				
VTE-1		Y				VTE-1 Excluded ID - Principal procedure is an excluded surgery
VTE-2		Y				VTE-2 Excluded ID - This patient was not administered transfusion to the ICU
VTE-3		Y				VTE-3 Excluded ID - Principal or other diagnosis is not VTE or related to VTE
VTE-4		Y				VTE-4 Excluded ID - Principal or other diagnosis is not VTE or related to VTE
VTE-5		Y				VTE-5 Excluded ID - Principal or other diagnosis is not VTE or related to VTE
VTE-6		Y				VTE-6 Excluded ID - Other diagnosis is not VTE or related to VTE

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## Population and Sampling Summary: Parameters

Hospital Reporting - Population and Sampling Summary Report - QIG

\* **State:**

\* **Provider:**

\* **Discharge Quarter:**  /

\* **Population Type:**

\* **Report Format:**

**Purpose:**

Provides population and sampling data for Medicare and Non-Medicare patients by discharge quarter, by month, for each measure set

**Report Parameters:**

1. State/Provider
2. Discharge Quarter
3. Population Type
4. Report Format
5. [RUN REPORT]

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## Population and Sampling Summary

Displays the Measure Set:

1. Sampling Frequency
2. Total Population Size for Medicare and Non-Medicare
3. Total Sample Size for Medicare and Non-Medicare

✓ *Data may be submitted per XML file or the Population and Sampling application in the QualityNet Secure Portal.*

✓ *"N/A" indicates Population and Sample Size data have not been submitted.*

QIG - Critical Population: QIG-CU38A	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample - Medicare	Sample - Non-Medicare	Total Sample Size
Apr - 14	7	23	30	7	23	30
May - 14	6	16	22	6	16	22
Jun - 14	8	19	27	8	19	27
<b>Total</b>	<b>21</b>	<b>57</b>	<b>78</b>	<b>21</b>	<b>57</b>	<b>78</b>

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## Submission Detail Report

The Submission Detail Report displays:

1. Admit/Discharge Date
2. Date uploaded to the warehouse
3. Action Code: Added/Deleted
4. File Status: Accepted/Rejected
5. Message: Measure/Message with details

✓ *The report includes all submissions for a particular case rather than just the most recent submission.*

Batch ID	Admit Date	Discharge Date	Upload Date	Action Code	File Name	File Status
<b>Provider ID:</b>						
Measure Set: IQR-ED						
<b>Patient ID:</b>						
184625	05/20/2014	05/23/2014	10/16/2014	Add	67008_1121_20140520E_C_34423.xml	Accepted
<b>Message: 60820</b> ID-1a EXCLUDED - Overall Rate: ED Patient [ICPATIENT] indicates there is no documentation the patient was an ED patient, OR unable to determine from medical record documentation.						

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## Contact Us

 <p><b>Q &amp; A Tool</b> <a href="https://cms-tp.cushelp.com">https://cms-tp.cushelp.com</a></p>	 <p><b>Email Support</b> <a href="mailto:InpatientSupport@vqvr1.HCOIS.org">InpatientSupport@vqvr1.HCOIS.org</a></p>	 <p><b>Phone Support</b> 844.872.4477 or 866.600.8765</p>	 <p><b>Inpatient Live Chat</b> <a href="http://www.qualityreportingcenter.com/inpatient">www.qualityreportingcenter.com/inpatient</a></p>
 <p><b>Monthly Web Conferences</b> <a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a></p>	 <p><b>Secure Fax</b> 877.769.4443</p>	 <p><b>ListServes</b> Sign up on <a href="http://www.QualityNet.org">www.QualityNet.org</a></p>	 <p><b>Website</b> <a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a></p>

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## Continuing Education Approval

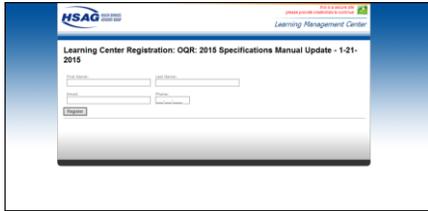
- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 by the following professional boards:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

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## CE Credit Process: New User



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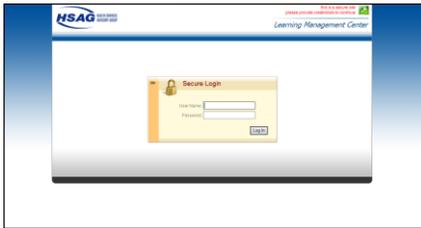
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## CE Credit Process: Existing User



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## QUESTIONS?

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