



Inpatient Quality Reporting (IQR) Program

Support Contractor

**Annual Requirements:
DACA, HCP, Structural Measures, and *QualityNet SA***

Presentation Transcript

Moderator

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Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Speaker:

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Matt McDonough: Hello, and thank you for joining us for today's webinar. My name is Matt McDonough, and I'm going to be your virtual host for today's event. Before we get started and turn things over to our speakers, I'd like to cover some event housekeeping items with you, so that you understand how today's event is going to work, and also how you could interact with our speakers on today's call. As you can see on this slide, we are streaming our audio for today's call over ReadyTalk®'s internet streaming service. If you're hearing my voice coming out of your speakers or headphones right now, then you're connected. This service means that no telephone line is required to listen to today's event, but you do need to have those speakers or headphones plugged in and turned up to hear the streaming audio feed. If, for some reason, you're not able to stream audio today, or you encounter issues with the streaming audio feed, we do have a limited number of dial-in lines available. Please just send us a chat message, if you need to dial in, and we'll get that number out to you as soon as possible. Also, as always, we are recording today's events so that it can be archived and played back at a later date.

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If you are streaming audio today, you may encounter some audio issues that affect the quality of your audio feed. For example, you may hear choppy audio at times, or, your audio feed may stop completely. Fortunately, there are a few things you can do to try and correct this, without dialing in on the telephone. One, you can click the F5 key located in the top row of your keyboard. Two, you could click the refresh button in your browser. The image here on this slide is what that button looks like in Internet Explorer. Either of these two actions will do the same thing: refresh your browser to reconnect you to the event, and restart your audio feed. This should clear up any audio issues you may be experiencing. Also, if you note that the audio feed is lagging behind the slides, you can perform either of these two actions to refresh your event and catch up in the presentation. If neither of these two options resolves your audio issue, remember, we do have those dial-in lines available. Simply reach out to us in the chat window for a dial-in number, and you can listen to the audio feed that way.

If you're streaming audio today, and hear a bad echo on the call, does it sound like you could hear my voice multiple times? Then, you may be connected in our event today in more than one browser window or tab. More than one connection in your browser equals more than one audio stream from your computer. Fortunately, this is something that you can easily fix. Simply close all but one of the browsers or tabs connected to our event today. The graphics here shows what that might look like on your screen. Once you are down to only one connection, you should only be hearing one audio stream, and the echoing issue should clear up. Again, we do have dial-in lines available if you prefer to hear the audio feed over your telephone.

All of our attendees are in a listen-only mode today. But, that doesn't mean that you can't interact with our speakers today. We encourage you to submit any questions or comments you may have to our speakers at any time today using the "Chat with Presenter" feature located in the bottom left corner of your screen. Simply type your question or comment into the "Chat with Presenter" box, and click the "Send" button. Your feedback

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will be visible to all of our presenters on today's call. As time, resources, and the availability of answers allows, we will address as many questions as possible either verbally or in the chat window. Please do note, however, that if we don't get to your question today, all questions submitted during today's event are being archived to be addressed in a future Q&A document. That's going to do it for my introduction; so, at this point, I'd like to hand things over to our first speaker. Thanks for your time, and enjoy today's event.

Debra Price:

Hello, everyone. Welcome to our webinar. My name is Debra Price, and I will be your host for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the Q&As, will be posted to the inpatient website, www.qualityreportingcenter.com, within 10 business days, and it will also be posted to *QualityNet* at a later date. If you registered for the event, a reminder email, as well as a link to the slides, were made available to you about two hours ago. If you did not receive the email, you can download the slides at our inpatient website, again, which is www.qualityreportingcenter.com. And now, I'd like to introduce our guest speaker for today, Candace Jackson. Candace is the lead for the Inpatient Quality Reporting Program at Health Services Advisory Group, which is the VIQR Support Contractor. Prior to this role, Candace worked for nine years as a senior member of the Hospital IQR Program Team and a quality improvement organization, and nine years as a Hospital Quality Improvement and compliance Director. Candace served over 20 years as a registered nurse in various nursing positions, specializing in clinical care and end-stage renal disease nursing. Candace received her Associate Degree in Nursing from Presentation College in Aberdeen, South Dakota. Any questions that are not answered during the question-and-answer session at the end of this webinar will be posted to the Quality Reporting Center website within 10 business days. And now, Candace will begin our webinar. Take it away, Candace.

Candace Jackson:

This first slide is just a listing of the acronyms that are used within this presentation.

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Today's presentation will provide insight on the annual submission requirements for the Inpatient Quality Reporting Program, including: the Data Accuracy and Completeness Acknowledgement, or DACA; Healthcare Personnel Influenza Vaccination Measure Submission; Structural Measures; and, the *QualityNet* Security Administrator, or *QualityNet* SA.

At the end of this presentation, you will be able to identify the requirements that are submitted annually for the Inpatient Quality Reporting Program, and be able to complete and submit the structural measures and DACA accurately.

We will first go over the data entry of the structural measure and the DACA.

So, what is a structural measure? Structural measures reflect the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries. The DACA is a requirement for hospitals participating in the IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. Hospitals are required to complete the structural measure questions and sign and complete the DACA on an annual basis. This submission period for the structural measures and for signing and completing the DACA is April 1 through May 15, with respect to the time period of January 1 through December 31 of the preceding year. As such, for calendar year 2015, the submission deadline for the structural measures and DACA is May 15, 2016. This data can be entered through the *QualityNet Secure Portal* from April 1, 2016, through May 15, 2016. Not completing the structural measures and/or DACA by May 15, 2016, will put your facility at risk for losing their annual payment update, or APU, for fiscal year 2017.

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As previously stated, the structural measures and DACA are accessed through the *QualityNet Secure Portal*, which can be located on the *QualityNet* website at www.qualitynet.org.

Once you have accessed the *QualityNet Secure Portal*, you will go to the Quality Programs and select the “Hospital Quality reporting IQR, OQR, ASCQR, IPFQR, PCHQR” link.

This will take you to your “My Task” page, where you will click on “View/Edit Structural/Web-Based Measures and Data Acknowledgement (DACA).” Please note that the screenshots for this part of the presentation were taken from a test environment and may display data that you may or may not see when you access the secure portal, depending upon the roles that you have been assigned to you. However, how the data is entered will be the same.

On the “View/Edit Structural/Web-Based Measures/Data Acknowledgement” page, you will select “Inpatient Structural Measures/DACA” under “Select a Program.”

Once on the Inpatient Structural Measures/DACA page, you will select the payment year. Since we are entering data for the 2015 calendar year, we would select 2017 as the payment year. Once you have selected the year, you will click on the “Continue” button.

After you have selected the payment year, it will take you to the Inpatient Structural Measures/DACA page, where you will be able to access each of the structural measures and the DACA. Each of the structural measures and the DACA will display “Incomplete” until the measures have been successfully entered. To access the individual structural measure and/or the DACA, click on the measure or DACA, which is in bold blue lettering. Let’s start by clicking on the first structural measure, which is the Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care.

The Nursing Sensitive Care Structural Measure asks: Does/Did your hospital participate in a systematic, qualified clinical registry or registries

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measuring Nursing Sensitive Care? This is a “Yes/No” question. Once you have entered either “Yes” or “No,” you will click on the “Submit” button. It is important to remember that there are no right or wrong answers to this question. If you are not participating in a qualified registry for Nursing Sensitive Care, you will not be penalized. CMS is just trying to determine if hospitals are using a Nursing Sensitive Care registry or not.

As just stated, the question asks, if your hospital participates in a qualified registry. So, what does that mean? Participation is defined as submitting standardized data elements that are applicable to at least two National Quality Forum endorsed measures related to the topics measured by the registry, as well as reporting on all patients eligible for the measures.

Qualified is defined as receiving data from more than five hospitals and providing calculated measures, results, benchmarks, and quality improvement information to the participants and to designated third parties. So, if you feel that you are participating in a qualified registry, you can answer “Yes” to the Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care measure.

If you answer “No,” then you have completed the structural measure, and you can move on to the next one. However, in this case, we have answered “Yes,” which will then bring up a child question “Which registry or registries?” which you will need to answer. Please remember that all questions with the red asterisk are required to be answered. For the Nursing Sensitive Care registry, if you answer “Yes,” you can then either select the American Nursing Association National Database of Nursing Quality Indicators, or the “Other” box. If you select “Other,” then you will need to specify which registry you are using by typing in the name, or names, in the registry name text fields. Once you have selected the registry, then you will click on “Submit.”

Once you have submitted or entered the data for the structural measure, you will receive a message that the structural measure has been updated. In this case, since we are doing the Nursing Sensitive Care measure, you

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will get a message that states “Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care Updated.”

This will take you back to the Structural Measures/DACA page where you now see that you have “Completed” the “Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care.” You will then be able to enter or submit the remainder of the structural measures and the DACA.

The next structural measure that will need to be completed is the Participation in a Systematic Clinical Database Registry for General Surgery, which asks, “Does/Did your hospital participate in a systematic, qualified clinical registry measuring general surgery?” If you answered “No”, then this will complete the data entry. If you answered “Yes,” then the child question “Which registry or registries?” will display, where you will either select “American College of Surgeons National Surgical Quality Improvement Program Registry” or “Other Registry.” Again, if you select “Other Registry,” then you will need to enter the name of that registry. And, as stated before, there are no right or wrong answers.

The last structural measure that you will complete is the Safe Surgery Checklist Use. This measure asks, “Does your facility use a Safe Surgery Checklist?” You will answer either “Yes” or “No,” and this will complete the entry of the structural measure.

Once you have completed the structural measures, you will need to complete the Data Accuracy and Completeness Acknowledgement. The DACA acknowledges that, to the best of your knowledge, at the time of submission, all of the information reported for this hospital, for the Hospital Inpatient Quality Program, as required through the Annual Payment Year’s Hospital IQR Program Requirement, is accurate and complete. The DACA includes the Chart Abstracted measure sets, initial patient population and sample counts, Hospital Consumer Assessment of Healthcare Providers and Systems, or the HCAHPS survey, structural measures, Healthcare-Associated Infection, which is the HAI measures,

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reported using the National Healthcare Safety Network, or NHSN, and current notice of participation and *QualityNet* Security Administrator.

To complete the DACA, you will click on the “Yes, I acknowledge” radio button, and then enter your title into the Position text field. Once that is completed, you will click on “Submit” to complete the data entry.

Once you have submitted the DACA data entry, you will get a message that the DACA has been updated.

In addition, the DACA will display the name of the person who submitted the data, along with that person’s position and the date and time that it was entered.

Now that you have entered all of the structural measures and the DACA, the summary page will now show that all data entry has been completed.

The next annual requirements that we will go over is the submission of the Healthcare Personnel Influenza Vaccination measure.

The Healthcare Personnel Influenza Vaccination measure is the number of healthcare personnel that are physically present in the healthcare facility for at least 30 working days between October 1 and March 31 that received the influenza vaccination during the time from when the vaccination became available through March 31 of the following year.

The Healthcare Personnel Influenza Vaccination data is reported through the National Healthcare Safety Network, or NHSN. Data for this measure are submitted once a year between April 1 and May 15th. Data for Fiscal Year 2018, which would include fourth quarter 2015 through first quarter 2016, will need to be entered by May 15, 2016.

To verify that you have submitted your Healthcare Personnel Influenza Vaccination data, you can run your Provider Participation Report. Once the data has been submitted to NHSN, a “Yes” will display under the “IQR-HAI Data Submitted” column.

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The last requirement that we will discuss today is the *QualityNet* Security Administrator.

Hospitals are required to maintain an active *QualityNet* Security Administrator at all times. The *QualityNet* Security Administrator facilitates the registration process for other users at the organization. Hospitals submitting data via the *QualityNet Secure Portal*, or using a vendor to submit data on their behalf, are required to designate at least one *QualityNet* Security Administrator. It is recommended that the *QualityNet* Security Administrators log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once this account is disabled, the user will need to contact the *QualityNet* helpdesk to have their account reset.

It is highly recommended that hospitals designate at least two *QualityNet* Security Administrators. One to serve as the primary *QualityNet* Security Administrator, and the other to serve as backup.

You can verify that you have an active *QualityNet* Security Administrator by running your Provider Participation Report.

This slide just shows the many ways that you can contact the IQR VIQR support contractor and receive information regarding the IQR Program.

That concludes our presentation for today, and we will have some time now to answer some questions that have come in through the chat box.

Thank you, everyone, and this is Candace again, and we will start with our questions and answers. We will try to get to all of them today, but if your question does not get answered, it will be posted – the responses will be posted to the [Quality Reporting Center](#) website within 10 days.

Our first question: “For participation in a systematic clinical database registry for Nursing Sensitive Care, is there a choice of Press Ganey National Database of Nursing Quality Indicators?”

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CMS does not provide a listing of all of the registries that they feel may or may not be a participating registry. Again, you may go back to the definitions of participation and qualify to determine if the Press Ganey National Database is a qualified registry. If you feel that it meets the definition of participation and it qualifies, then you will be able to answer “Yes” to that question.

Our next question: “Does inpatient psych report the same time? I thought it was by July 1 of each year. Please confirm.”

I apologize that we do not have anyone from the Inpatient Psychiatric Facility Program on the call today to be able to respond to your questions. So, we will try and provide a response to the question when responses are posted.

Our next question: “If CAHs report some items with IQR, is the data requirement the same for them?”

As you may be aware, the Critical Access Hospitals are not part of the IQR Program; so, they are not required to submit the structural measures or the DACA. If you voluntarily want to submit them, that is up to you, but you will not be penalized if you have not submitted the DACA or quality structural measures.

Our next question: “If we participate in more than one registry for a structural measure, should we list just one or list all of them?”

For that, then, if you are participating in more than one, you will select the “Other” for that structural measure, and then you can list up to three additional registries. So, if you want to submit – if you have three that you’re participating in, and you want to text, or type in, all three different ones, you can do that; if you only want to put in just one, that is okay also.

Our next question: “For the surgery registry questions, is the 04/2015 data or current participation beyond the data set date?”

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Right now, you will be submitting calendar year 2015 structural measure data, and you will submit that from the time period beginning April 1, 2016, through May 15, 2016. And again, that will be for the 2015 calendar year data.

Our next question: “If you do not participate in a general surgery registry such as NSQIP, do we make the structural arrangement requirement if we submit to STS, Bariatric and Stroke Databases?”

Again, the registry that you submit to, you need to determine if they meet the definition of participation and qualifying. And if they do, then you would select “Yes” to that structural measure. So, if you feel the STS, Bariatric and Stroke Databases qualify as a participating, qualified registry for general surgery, then you can answer “Yes.” And again, if you do not feel that it is a participation and qualify, then you can submit the answer “No” and you are not penalized. Again, CMS is only trying to determine if hospitals are using the registry and then which ones they are using.

Our next question: “As long as the HCP Data is submitted to NHSN by 05/15/16, will this meet the IQR Program structural measure deadline of 05/15/16?”

The Healthcare Personnel Influenza Vaccination is not a structural measure; but, however, if you submit your HCP data to the NHSN by May 15, it will get sent over to the *QualityNet Secure Portal*, and you will have met that requirement.

Our next question: “For what quarter will the HCP data display “Yes” for the October 2015 to March 2016 time period? Will it be first quarter 2016?”

I’m not sure I understand completely what that question is asking, but for the HCP data, you will be entering data for fourth quarter 2015 and first quarter 2016, and you will be entering that from April 1 to May 15, it must be submitted by the May 15, 2016, deadline.

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Our next question: “Are Critical Access Hospitals required to submit through NHSN?”

Again, Critical Access Hospitals are not part of the IQR Program and not required to submit NHSN data. So, they would not have to submit their Healthcare Personnel Vaccination measure. It is on a voluntary basis, so if they want to do that, then they are more than welcome to submit that data.

Our next question: “If I have not updated my users for a while, where can I go to update my facility’s users?”

If you are talking about how to update your Security Administrator, then you will need to contact *QualityNet* helpdesk for further assistance.

Next question: “Can a vendor submit this on our behalf?”

If you have authorized a vendor to submit your data, for example, if you have authorized them to submit your chart abstraction measures of VTE, Stroke, ED, IMM, etc, then that vendor has authorization to complete the structural measures and the DACA on your behalf. However, that is a decision that you will need to make between you and your vendor. So, again, they can enter that data for you, but that is up to you to determine who is going to enter it, and also to know that it is ultimately the provider’s responsibility to meet the IQR requirements.

“Are hospital engagement networks – can qualify data collection organizations?”

Again, CMS does not list, or has a list, of what the qualified organizations are. If you feel that your definition of qualified has been met, which is qualified as defined as receiving data from more than five hospitals and providing calculated measures, results, benchmarks and quality improvement information to the participant, and to a designated third party, then you can answer “Yes” for that structural measure.

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Our next question: “Does the denominator for the HCP measure include people who are in a facility for one day or for 30 days? My understanding is that it was for one day, but your slide says 30.”

We will get that clarified, and we will provide that response when we post the Q&A questions. And, if decided it is incorrect, we will correct it at that time.

Next question: “NHSN states in their 2015-2016 update, HCP must be present for at least one day to be counted in the denominator. Not the 30-day.”

Again, we will correct that as we repost these Q&As.

The next question: “If we do not belong to a general surgery database, but belong to a Bariatric Database, MBSAQIP, should we say “Yes” then list it? Or say, for transplant or accommodated, can we say “Yes?”

Again, you need to go back and look and say ‘does it meet the criteria for participation and does it meet the criteria for qualified’? If it meets those two criteria, then you can answer “Yes” to the structural measure.

Next question: “IQR deadlines are remaining the same, despite the only recent release of CART, and now the required patch that won’t be available until estimated at 4.1.”

We could not provide any additional information at this time in regards to when CART will be posted. At this time, the deadline for fourth quarter 2015 data is still May 15, 2016. If there are any changes to the deadlines then that will be posted to the ListServes.

Next question: “I’m in *QualityNet* and attempting to enter data. For 2017, I am seeing “Unavailable.”

The 2017 payment year will not be available until April 1, 2016. You will be able to enter that data from April 1, 2016, through May 15, 2016.

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Next question: “Can you get a copy of a prior year’s DACA and IQR structural submission?”

There is no report that you could run to get a certification of a prior year’s reporting. However, you can go into the secure portal and select that payment year, and then you will see if your structural measures and DACA were complete. If you completed, again, it will say “Completed” under each one. If they were not completed, it will say “Incomplete.”

Next question: “We subscribed to Premiere's Quality Advisor, which provides us with outcome rates for general surgery, risk adjustment data and mortality complications, length of stay readmissions. Does the Premiere Quality Advisor program quality for general surgery registry?”

Again, does it meet the criteria of participation and qualified? And, if it does, you feel that it does meet those criteria, then you can answer “Yes” to that structure measure.

And, we do have one more question here: “In order to answer ‘Yes’ to participation in the registry, is there a specific amount of time, during calendar year 2015, that a hospital must have been submitting data to that registry?”

CMS does not give a time frame of how long that you have to submit, or be, in that registry. So, if you were in a registry at any time during 2015, you would be able to answer yes to that structure measure.

And, we have no further questions at this time. Again, if your question was not answered during the presentation, then we will be providing the Q&A responses within ten working days; and that will be reported, or posted, to the quality reporting center website at www.qualityreportingcenter.com. Again, we would like to thank you for participating in our webinar today, and hope you have a great afternoon. Thank you.

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