



# Inpatient Quality Reporting (IQR) Program

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## Support Contractor

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

### Questions and Answers

#### Moderator

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#### Speaker:

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**March 28, 2016**

**2 p.m. ET**

**Question 1:** 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?

*CMS does not provide a listing of all of the registries that they feel may or may not be a participating registry. 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 is qualified, then you will be able to answer “Yes” to that question.*

**Question 2:** If CAHs report some items with IQR, is the data requirement the same for them?”

*As you may be aware, the Critical Access Hospitals (CAHs) are not part of the IQR Program, so they are not required to submit the structural measures or the Data Accuracy and Completeness Acknowledgement (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.*



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**Question 3:** **If we participate in more than one registry for a structural measure, should we list just one or list all of them?"**

*If your facility is participating in more than one registry, select "Other" for that structural measure, and then you can list up to three additional registries. So, if you want to submit and have three registries that you're participating in, and you want to include all three, you can do that. If you only want to put in one, that is okay also.*

**Question 4:** **For the surgery registry question, is the 04/2015 data or current participation beyond the data set date?"**

*Right now, you will be submitting calendar year 2015 structural measure data, which is submitted from April 1, 2016, through May 15, 2016.*

**Question 5:** **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?"**

*You need to determine if the registry to which you submit meets the definition of participation and qualifying. If they do, then you would select "Yes" to that structural measure. So, if you feel the Society of Thoracic Surgeons (STS, Bariatric, and Stroke Databases qualify as a participating, qualified registry for general surgery, then you can answer "Yes." Again, if you do not feel that it is participation and qualify, then you can submit the answer "No," and you are not penalized. CMS is only trying to determine if hospitals are using a registry and then which ones they are using.*

**Question 6:** **"As long as the HCP Data is submitted to NHSN by 05/15/16, will this make the IQR Program structural measure deadline of 05/15/16?"**

*The Healthcare Personnel (HCP) Influenza Vaccination is not a structural measure. However, if you submit your HCP data to the National Healthcare Safety Network (NHSN) by May 15, it will be sent to the QualityNet Secure Portal, and you will have met that requirement.*



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**Question 7:** For what quarter will the HCP data display “Yes” for the October 2015 to March 2016 time period? Will it be first quarter 2016?”

*Although the precise intent of the question is not completely understood, for the HCP data, you will be entering data for the fourth quarter of 2015 and the first quarter of 2016. This data will be entered from April 1 to May 15; it must be submitted by the May 15, 2016, deadline.*

**Question 8:** Are Critical Access Hospitals required to submit through NHSN?”

*Critical Access Hospitals are not part of the IQR Program; therefore, they are not required to submit NHSN data. So, they would not have to submit their Healthcare Personnel Vaccination measure data. Submittal is on a voluntary basis; so, if facilities want to submit this data, they are more than welcome to do so.*

**Question 9:** 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 need to contact QualityNet’s helpdesk for further assistance.*

**Question 10:** Can a vendor submit this on our behalf?”

*If you have authorized a vendor to submit your data (e.g., your chart abstracted measures for Venous Thromboembolism [VTE], Stroke [STK], Emergency Department [ED], Immunization [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 need to make with your chosen vendor. Again, the vendor can enter the data for you, but it is ultimately you, as the provider, that is responsible for meeting the IQR requirements.*

**Question 11:** Are hospital engagement networks – can qualify data collection organizations?”

*CMS does not create or maintain a listing of what the qualified organizations are. If you feel that the definition of qualified has been met, then you can answer “Yes” for that structural measure. Note that qualified is defined as receiving data from more than five hospitals and providing*



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*calculated measures, results, benchmarks, and quality improvement information to the participant, and to a designated third party. You, as the provider determine if that definition has been met.*

**Question 12:** Does the denominator for the HCP measure include people who are in a facility for one day or for 30 days?"

*The slide is incorrect; it is for one day. Users must report associated denominator data for HCP physically working in the inpatient and outpatient Acute Care Hospital units for at least a day between October 1 through March 31, regardless of clinical responsibility or patient contact.*

**Question 13:** If we do not belong to a general surgery database, we belong to a Bariatric database, MBSAQIP, should we say "Yes" and then list it? Or, for transplant or accommodated, should 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.*

**Question 14:** 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 in regards to when the CMS Abstraction & Reporting Tool (CART) will be posted. At this time, the deadline for the fourth quarter 2015 data is still May 15, 2016. If there are any changes to the deadlines, they will be posted to the ListServes.*

**Question 15:** 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.*

**Question 16:** Can you get a copy of a prior year's DACA and IQR structural submission?"

*There is no report that you can run to get a certification of a prior year's*



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*reporting. However, you can go into the secure portal and select that payment year and see if your structural measures and DACA were complete. If you completed them, it will say "Completed" under each one. If they were not completed, it will say "Incomplete."*

**Question 17:** **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 qualify for general surgery registry?**

*Does it meet the criteria of participation and qualified for your institution? If it does meet those criteria, then you can answer "Yes" for that structural measure.*

**Question 18:** **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 for how long you have to submit to, or be in, a registry. So, if you were in a registry at any time during 2015, you would be able to answer "Yes" to that structural measure.*

**Question 19:** **Where can I find in the Quality Reporting website the answers to the questions I posted on previous presentations?**

*Go to the Inpatient section of the [qualityreportingcenter.com](http://qualityreportingcenter.com) website. Under Archived Events, find Q&As, and then scroll through until you get to your question.*

**Question 20:** **Is there a way for systems to report on multiple facilities as a group?**

*No, for the structural measures and the DACA they must be entered into the QualityNet Secure Portal for each hospital individually.*

**Question 21:** **If you are using a third party to update your data, do you still need to do the process of answering the questions as well for the participation?**

*If you have authorized a vendor to submit your data (e.g., your chart abstracted measures for VTE, STK, ED, IMM, etc.), then that vendor has*



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*authorization to complete the structural measures and the DACA on your behalf. However, that is a decision that you need to make with your chosen vendor. Again, the vendor can enter the data for you, but it is ultimately you, as the provider, that is responsible for meeting the IQR requirements.*

**Question 22:** **IF we submit to a state wide collaborative would that suffice for reporting to a Registry? The collaborative is called Southern California Patient Safety First Collaborative.**

*Does it meet the criteria of participation and qualified for your institution? If it does meet those criteria, then you can answer “Yes” for that structural measure.*

**Question 23:** **How do we test our system to be sure it meets the recommended java script and browser version?**

*Please contact the QualityNet Help Desk for further assistance.*

**Question 24:** **Slide 31 states the HCP Influenza Vaccination Measure denominator includes HCP that are physically present in facility for at least 30 days between October 1 and March 31. I thought they only had to be in the facility 1 day within that time period. Has this changed?**

*The slide is incorrect; it is for one day. Users must report associated denominator data for HCP physically working in the inpatient and outpatient acute care hospital units for at least a day between October 1 through March 31, regardless of clinical responsibility or patient contact.*

**Question 25:** **Does the safe surgery checklist question use the same specifications as the similar question in the OQR program (i.e., there are no exact questions that must be asked at the critical time periods)?**

*Yes, you can use the same specifications for the IQR Program that are outlined in the OQR Program.*

**Question 26:** **Does Inpatient psych report same time? I thought it was by July 1 of**



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**each year. Please confirm**

*The Inpatient Psychiatric Facility Quality Reporting Programs (IPFQR) submission requirements for HCP measure data is the same as it is for the IQR Program. All other IPFQR Program measure data must be submitted between July 1 and August 15 through the QualityNet Secure Portal's web-based data collection tool. For additional questions and guidance, please contact the IPFQR Program via the Q&A tool.*

**Question 27: Could you please give examples of Registries?**

*CMS does not provide a list of eligible registries. For the general surgery structural measure, an example would be the American College of Surgeons National Surgical Quality Improvement Program Registry. For the Nursing Sensitive Care structural measure, an example would be the American Nursing Associations National Database.*

**Question 28: The question says: "General Surgery." Our registry is specific for Orthopedic Surgery, so would I enter it?**

*If the registry you participate in only included orthopedic surgery, and not all general surgeries, then you would answer "No" to that structural measure.*