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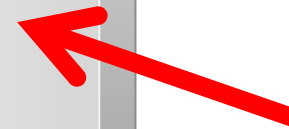
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
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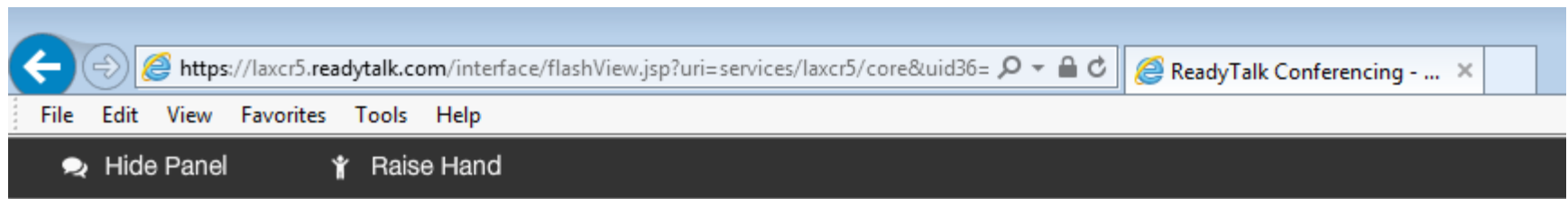
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard



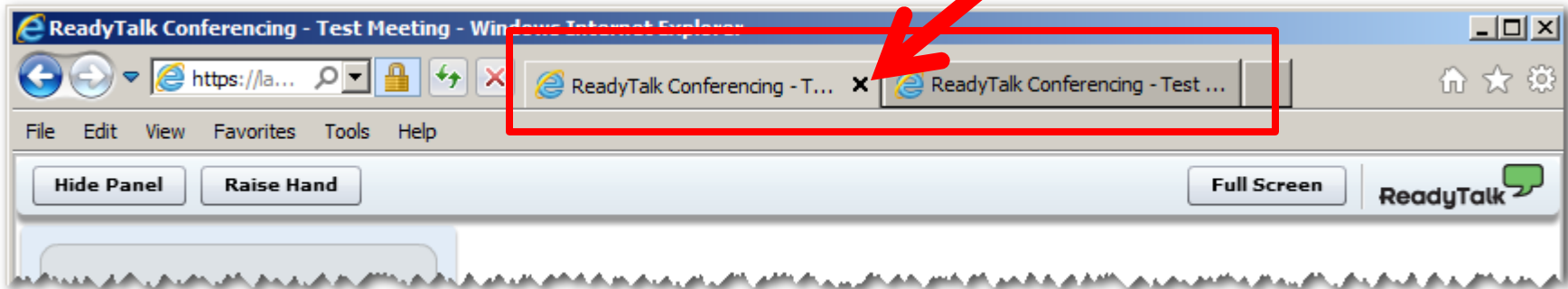
Location of Buttons



Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

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



A screenshot of a web interface. On the left is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. The main area displays the CMS logo (Centers for Medicare & Medicaid Services) and a large "Welcome to Today's Event" message. Below this, it says "Thank you for joining us today! Our event will start shortly." The interface includes "Hide Chat", "Return Home", "Full Screen", and "ReadyToGo" buttons at the top.



Overview of the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Manual

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Outreach and Education Support Contractor (SC)

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Hospital Inpatient VIQR
Outreach and Education SC

January 28, 2016

Acronyms

ACoS	American College of Surgeons	HQR	Hospital Quality Reporting
ADCC	Alliance of Dedicated Cancer Centers	ICD	International Classification of Diseases
APU	Annual Payment Update	IPF	Inpatient Psychiatric Facility
CAUTI	Catheter-Associated Urinary Tract Infections	IQR	Inpatient Quality Reporting
CCSQ	Center for Clinical Standards and Quality	LabID	Laboratory Identification
CDC	Centers for Disease Control and Prevention	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CDI	<i>Clostridium difficile</i> Infection	MUC	Measures Under Consideration
CLABSI	Central Line-Associated Bloodstream Infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum
CPT	Current Procedural Terminology	OCM	Oncology Care Measure
CST	Cancer-Specific Treatments	POD	Post-operative Day
CSV File	Comma Separated Value File	PCH	PPS-Exempt Cancer Hospital
CY	Calendar Year	PCHQR	PPS-Exempt Cancer Hospitals Quality Reporting
DVIQR	Division of Value, Incentives, and Quality Reporting	PR	Public Reporting
EBRT	External Beam Radiotherapy	PY	Program Year
FacWideIN	Facility-wide Inpatient	Q	Quarter
FR	Federal Register	Qs&As	Questions and Answers
FY	Fiscal Year	QMVIG	Quality Measures and Value Incentives Group
HAI	Healthcare-Associated Infection	RQRS	Rapid Quality Reporting System
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	SC	Support Contractor
HCP	Healthcare Personnel	SCIP	Surgical Care Improvement Project
		SSI	Surgical Site Infection
		VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will familiarize participants with the new PCHQR Program Manual using an interactive question and answer format that will illustrate the Manual's user-friendly structure and value as an indispensable reference tool.

Objectives

Participants will be able to:

- Describe the overall organization and structure of the Manual
- Locate essential information for participation in the PCHQR Program
- Utilize the Manual to increase ease, effectiveness, and efficiency in their PCHQR Program-related work

Diving Into the Topic

Question: *“I was hired into this role recently. Nothing quite prepared me for all of the information I needed to know. Where do I go for resources?”*

Available Resources:

- www.qualityreportingcenter.com
- www.qualitynet.org
- **NEW!!!** *PPS-Exempt Cancer Hospitals Quality Reporting Program Guide*

The PCHQR Program Manual



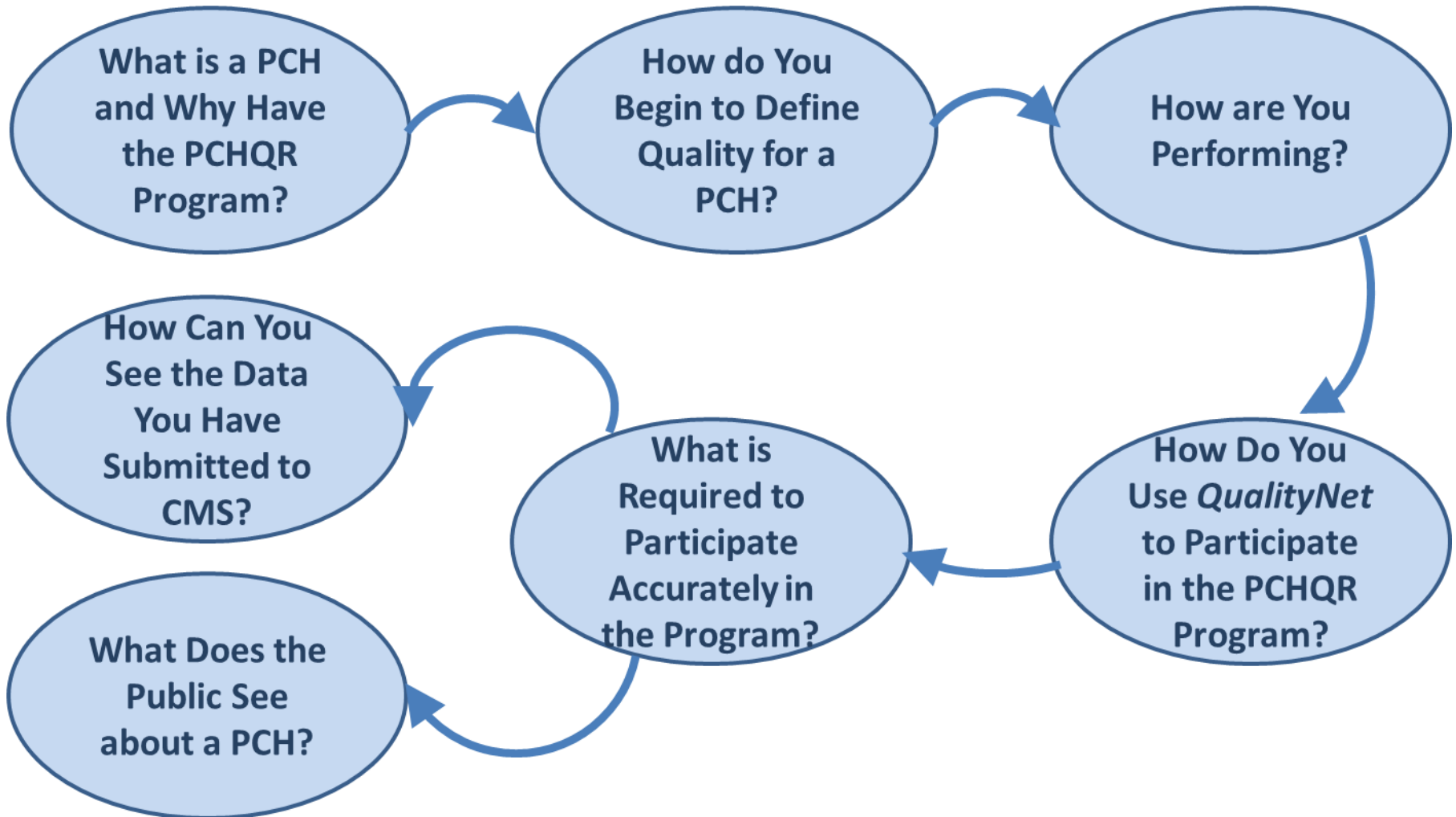
PPS-Exempt Cancer Hospital Quality Reporting Program Manual

2015

Today's Approach

- A 30,000 foot high-level flyover to:
 - Familiarize you with the structure
 - Provide a general orientation
- Several touch and go landings that will:
 - Highlight topics that have been sources of consistent questions
 - Follow-up on topics from last month's webinar
- Make this review of the Manual an entertaining experience

Flight Plan for Today's Journey



Manual Organization

The PCHQR Program Manual is organized by section:

- Section 1: PCHQR Program Overview
- Section 2: PCHQR Measures
- Section 3: Data Reporting
- Section 4: PCHQR *QualityNet* Registration Process

Manual Organization

- Section 5: Vendor Authorization
- Section 6: Notice of Participation (NOP)
- Section 7: Data Accuracy and Completeness Acknowledgement (DACA)
- Section 8: Accessing and Reviewing Reports
- Section 9: Public Reporting of PCHQR Data

Section 1:

PCHQR Program Overview

What is the legal basis establishing the PCHQR Program, and what legislation establishes the Program requirements?

- A. Individual state law
- B. Hospital's bylaws and policies
- C. Federal statute
- D. The Joint Commission

Section 1:

PCHQR Program Overview

What is the legal basis establishing the PCHQR Program, and what legislation establishes the Program requirements?

- A. Individual state law
- B. Hospital's bylaws and policies
- ✓ C. Federal statute**
- D. The Joint Commission

Section 1: PPS-Exempt Cancer Hospital Quality Reporting Program

Overview

The PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program was established by Section 3005 of the Affordable Care Act, which added subsections (a)(1)(W) and (k) to section 1866 of the Social Security Act. Section 1866(k) of the Act establishes a quality reporting program for hospitals described in section 1886(d)(1)(B)(v) of the Act. These hospitals are excluded from payment under the Inpatient Prospective Payment System (IPPS).

The PCHQR program is intended to equip consumers with quality-of-care information to make informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

Program Eligibility

Eligible hospitals are described in section 1886(d)(1)(B)(v) and referred to as PPS-Exempt Cancer Hospitals (PCHs). These hospitals are excluded from payment under the Inpatient Prospective Payment System (IPPS). Eleven hospitals have been granted the PPS-Exempt Cancer Hospital designation by the Centers for Medicare & Medicaid Services (CMS).

A list of hospitals with the PCH designation is available at the following link:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/PPS_Exc_Cancer_Hospasp.html.

Hospital Inpatient Prospective Payment Systems (IPPS) Final Rule

- In the Fiscal Year (FY) 2013 Inpatient Prospective Payment System and Long Term Care Hospitals Prospective Payment System (IPPS/LTCH PPS) Final Rule, CMS finalized five quality measures for the FY 2014 program and subsequent years. Two hospital acquired infection (HAI) and three cancer-specific treatment measures comprise the five measures added. Information for the PCHQR Program is contained on pages 53555 through 53567 in the Federal Register/Volume 77; Number 170 published August 31, 2012. The direct download (12.8 MB) can be accessed here: <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>.

Section 2: PCHQR Measures

How do I get a high-level overview of the measures used in the PCHQR Program?

- A. Call Tom or Henrietta
- B. Ask the *QualityNet* Help Desk
- C. Refer to Section 2 of the PCHQR Manual
- D. Search the National Quality Forum

Section 2: PCHQR Measures

How do I get a high-level overview of the measures used in the PCHQR Program?

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Section 2: PCHQR Measures

Safety and Healthcare Associated Infection (HAI)

- Central Line-Associated Bloodstream Infection (CLABSI) (NQF # 0139)
- Catheter-Associated Urinary Tract Infection (CAUTI) (NQF #0138)
- Harmonized Procedure Specific Surgical Site Infection (SSI) (NQF #0753)

Clinical Process/Cancer-Specific Treatment (CST)

- Adjuvant Chemotherapy is Considered or Administered Within four Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer (NQF #0223)
- Combination Chemotherapy is Considered or Administered Within four Months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer (NQF #0559)
- Adjuvant Hormonal Therapy (NQF #0220)

Surgical Care Improvement Project (SCIP)

- All 6 SCIP measures are listed in actual manual

Clinical Process/Oncology Care Measures (OCM)

- Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382)
- Oncology: Plan of Care for Pain (NQF #0383)
- Oncology: Pain Intensity Quantified (NQF #0384)
- Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients (NQF #0390)
- Prostate Cancer: Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients (NQF #0389)

Clinical Effectiveness Measure

- External Beam Radiotherapy (EBRT) for Bone Metastases (NQF #1822)

Patient Engagement/Experience of Care

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (NQF #0166)

Section 2: PCHQR Measures

How do I most efficiently get more specificity (a 10,000 foot view) about each of the measures, including a basic rationale for the measures?

- A. Refer to the Measure Information section of Section 2 of the Manual
- B. Use the Q&A Tool on *QualityNet*
- C. Perform a literature search in *MedLine*
- D. Refer to the *Quality Positioning System* of the National Quality Forum

Section 2: PCHQR Measures

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Measure Information

The sections below provide a summary of each measure set and where to obtain additional measure information. On electronic versions of this document, the blue measure numbers in the headings provide a direct link to the National Quality Forum (NQF) website page for the specified measure. The NQF measure descriptions can be found at <http://www.qualityforum.org/QPS>.

0220: Adjuvant hormonal therapy

There is extensive evidence that hormone (endocrine) therapy with hormone receptor positive breast cancer reduces the risk of local recurrence, contralateral breast cancer, distant recurrence, and death. The measure specifies use of tamoxifen or third-generation aromatase inhibitor rather than specifying tamoxifen for premenopausal and aromatase inhibitor for postmenopausal women. There are two reasons for this: one is the difficulty in clearly identifying from records or administrative data the menopause status; the other is the variation in appropriate use of tamoxifen in postmenopausal women and some reasonable use of aromatase inhibitors in premenopausal women with the use of ovarian suppression.

The numerator is the number of patients with hormone therapy administered within one year (365 days) of the date of diagnosis or the therapy being considered.

The denominator is the number of women who meet the following characteristics:

- Age ≥ 18 at time of diagnosis
- Known or assumed to be first or only cancer diagnosis
- Epithelial malignancy only
- Primary tumors of the breast
- AJCC T1cN0M0 or Stage IB – III
- Primary tumor is estrogen receptor positive or progesterone receptor positive
- All or part of first course of treatment performed at the reporting facility
- Known to be alive within one year (365 days) of date of diagnosis

Section 2: PCHQR Measures

I see now that Section 2 of the Manual has a summary of each PCHQR Program measure. Where do I find the full measure specifications?

- A. Section 2 of the Manual
- B. QualityNet
- C. Quality Positioning System of NQF
- D. Links available on QualityReportingCenter

Section 2: PCHQR Measures

I see now that Section 2 of the Manual has a summary of each PCHQR Program measure. Where do I find the full measure specifications?

- A. Section 2 of the Manual
- ✓ **B. QualityNet**
- ✓ **C. Quality Positioning System of NQF**
- ✓ **D. Links available on
QualityReportingCenter**

Section 3:

Data Reporting

How do I submit my data for the PCHQR Program and when is it due?

- A. Send it to annually Henrietta Hight, she does everything!
- B. Email directly to Support Contractor by the 5th business day of the month.
- C. Post on your internal website.
- D. It depends. Refer to educational material.

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- B. Email directly to Support Contractor by the 5th business day of the month.
- C. Post on your internal website.
- ✓ **D. It depends. Refer to educational material.**

Measure Topic/Names	Method of Reporting
<p>Clinical Process/ SCIP</p> <ul style="list-style-type: none"> • SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision • SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients • SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time • SCIP-Inf-9: Urinary Catheter Removed on Post-Operative Day 1 or Post-Operative Day 2 with Day of Surgery Being Day Zero • SCIP-Card-2: Surgery Patients on Beta Blocker Therapy Prior to Admission who Received a Beta Blocker During the Perioperative Period • SCIP-VTE-2: Surgery Patients who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time 	<p>Aggregate data in CSV format via <i>QualityNet Secure Portal</i></p>
<p>Clinical Process/Oncology Care</p> <ul style="list-style-type: none"> • Oncology: Radiation Dose Limits to Normal Tissues • Oncology: Plan of Care for Pain • Oncology: Pain Intensity Quantified • Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients • Prostate Cancer: Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients 	<p>Aggregate data in CSV format via <i>QualityNet Secure Portal</i></p>
<p>Clinical Effectiveness</p> <ul style="list-style-type: none"> • EBRT for Bone Metastases 	<p>To be determined</p>
<p>Patient Engagement/Experience of Care</p> <ul style="list-style-type: none"> • HCAHPS 	<p>Submitted via Vendor or through the HCAHPS Online Data Entry Tool accessed from <i>QualityNet</i></p>

Appendix A: PCHQR Program Measure Submission Deadlines

Only data submitted no later than 11:59 p.m. PT on the established CMS deadlines qualify for inclusion in the PCHQR Program. The reference periods noted for CLABSI, CAUTI, and SSI refer to event dates. The reference periods for the other measures denote designated measure periods (patient visit, discharge date, etc.). For complete measure titles and National Quality Forum designations, please visit the [QualityNet PCHQR Measures](#) page.

Due Date	Colon Cancer/ Breast Cancer	Adjuvant Hormonal Therapy	CLABSI/ CAUTI	SSI	SCIP	HCAHPS	OCM	EBRT	DACA
08/15/2015	Q4 2014 (10/1–12/31)	Q2 2014 (4/1–6/30)	Q1 2015 (1/1–3/31)	Q1 2015 (1/1–3/31)	Q1 2015 (1/1–3/31)	N/A	Q1 2015 (1/1–3/31)	N/A	N/A
08/31/2015	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	For FY 2016
10/07/2015	N/A	N/A	N/A	N/A	N/A	Q2 2015 (4/1–6/30)	N/A	N/A	N/A
11/15/2015	Q1 2015 (1/1–3/31)	Q3 2014 (7/1–9/30)	Q2 2015 (4/1–6/30)	Q2 2015 (4/1–6/30)	N/A	N/A	N/A	N/A	N/A
01/06/2016	N/A	N/A	N/A	N/A	N/A	Q3 2015 (7/1–9/30)	N/A	N/A	N/A
02/15/2016	Q2 2015 (4/1–6/30)	Q4 2014 (10/1–12/31)	Q3 2015 (7/1 – 9/30)	Q3 2015 (7/1 – 9/30)	N/A	N/A	N/A	N/A	N/A
04/06/2016	N/A	N/A	N/A	N/A	N/A	Q4 2015 (10/1–12/31)	N/A	N/A	N/A
05/15/2016	Q3 2015 (7/1–9/30)	Q1 2015 (1/1–3/31)	Q4 2015 (10/1–12/31)	Q4 2015 (10/1–12/31)	N/A	N/A	N/A	N/A	N/A
07/06/2016	N/A	N/A	N/A	N/A	N/A	Q1 2016 (1/1–3/31)	N/A	N/A	N/A
08/15/2016	Q4 2015 (10/1–12/31)	Q2 2015 (4/1–6/30)	Q1 2016 (1/1–3/31)	Q1 2016 (1/1–3/31)	Q2–Q4 2015 (4/1–12/31)	N/A	Q2–Q4 2015 (4/1–12/31)	CY 2015 (1/1–12/31)	N/A
08/31/2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	For FY 2017
10/05/2016	N/A	N/A	N/A	N/A	N/A	Q2 2016 (4/1–6/30)	N/A	N/A	N/A
11/15/2016	Q1 2016 (1/1–3/31)	Q3 2015 (7/1–9/30)	Q2 2016 (4/1–6/30)	Q2 2016 (4/1–6/30)	N/A	N/A	N/A	N/A	N/A

Section 3:

Data Reporting

Under what circumstances may my organization be granted a waiver, extension, or exception from reporting data for PCHQR Program metrics?

- A. If you ask really nicely
- B. In the case of an extraordinary circumstance beyond the control of the facility
- C. Never
- D. If your PCH does not perform inpatient surgeries, you may elect to be excepted from SCIP reporting.

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Data Reporting

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- ✓ B. **In the case of an extraordinary circumstance beyond the control of the facility**
- C. Never
- ✓ D. **If your PCH does not perform inpatient surgeries, you may elect to be excepted from SCIP reporting.**

Extraordinary Circumstances

A facility can request an extension or waiver of various Quality Reporting Program requirements due to extraordinary circumstances beyond the control of the facility. To request an extension or waiver, complete and submit the [Extraordinary Circumstances Extension or Waiver form](#) within 30 days of the disaster or extraordinary circumstance.

Measure Exception Form

For the CDC NHSN measures, some hospitals may not have locations that meet the NHSN criteria for CLABSI or CAUTI reporting. Other hospitals may perform so few procedures requiring surveillance under the SSI measure that the data may not be meaningful for *Hospital Compare* or sufficiently reliable to be utilized for quality reporting purposes in a program year. Reporting will not be required for the NHSN SSI measures if the PCH performed a combined total of nine or fewer colon and abdominal hysterectomy procedures in the calendar year prior to the reporting year. To indicate that the NHSN SSI data is not being reported, the Measure Exception Form should be completed using the top portion of the form.

For the SCIP measures, if a PCH does not perform inpatient surgery or performed five or fewer inpatient surgeries reported for the SCIP measures, the Measure Exception Form should be completed. To indicate a measure is not being reported, the bottom portion of the Measure Exception Form should be completed utilizing the 'Other' section and subsequent fields and submitted prior to the first quarter data submission deadline for the applicable program year.

The Measure Exception Form is located on [QualityNet](#) at the following link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772864228>

Section 4:

PCHQR *QualityNet* Registration Process

What is the difference between the *QualityNet* website and the *QualityNet Secure Portal*?

- A. There is no difference
- B. *QualityNet Secure Portal* requires approval and verification of users
- C. Information on the *QualityNet* PCHQR tab is available to the public
- D. *QualityNet Secure Portal* is used to maintain confidentiality of transmitted data

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- ✓ D. *QualityNet Secure Portal* is used to maintain confidentiality of transmitted data

Section 4: PCHQR QualityNet Registration Process

To participate and submit data for reporting in the PCHQR Program, facilities must obtain a *QualityNet* user account and register with the [*QualityNet Secure Portal*](#).

All users requesting access to the *QualityNet Secure Portal* must be individually approved and verified at the facility level and submitted to *QualityNet*. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the *QualityNet Secure Portal*. These are CMS-approved sites for secure healthcare quality data exchange for facility reporting.

PCHQR Program Requirements

The PCHQR program requirements are listed below. Click on the hyperlink imbedded within the text to be directed to detailed instructions for each step, as necessary.

1. Register with [*QualityNet*](#) and enroll in the [*QualityNet Secure Portal*](#).
2. Maintain an active [*Security Administrator*](#).
3. Have a [*Notice of Participation*](#).
4. Submit data based on the data collection & submission timelines.
5. Complete the Data Accuracy and Completeness Acknowledgement (DACA) by the submission deadline.

Section 4:

PCHQR *QualityNet* Registration Process

Where can I read about the process for registering as a QualityNet Security Administrator or Basic User? (Click all that apply)

- A. Call the *QualityNet* Help Desk
- B. Look at Section 4 in the PCHQR Program Manual
- C. Check the Internet
- D. Ask your co-workers

Section 4:

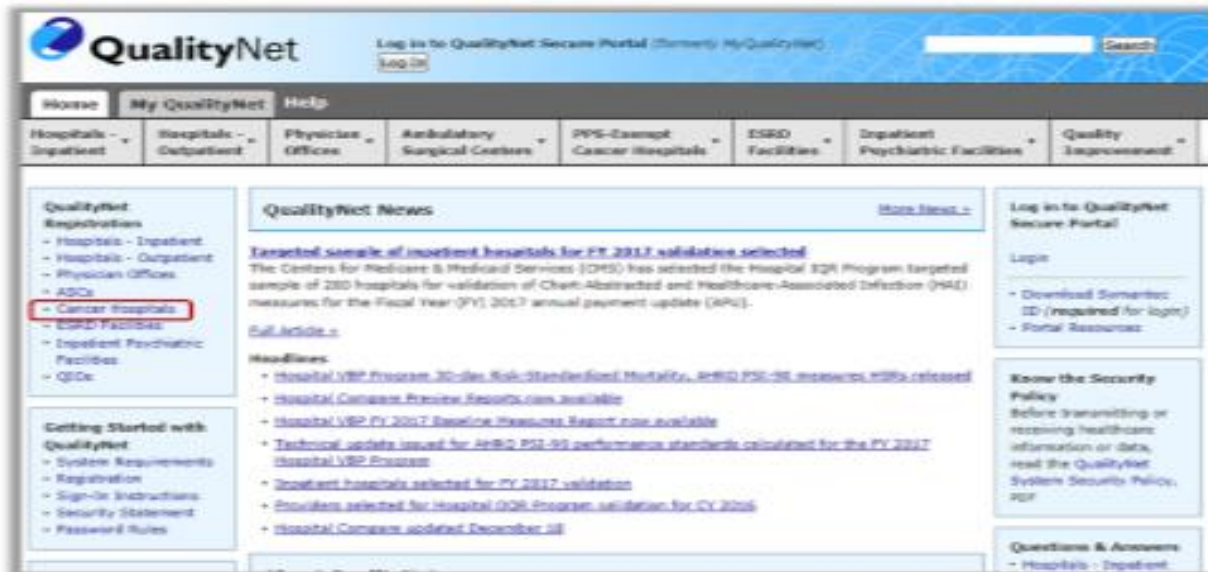
PCHQR *QualityNet* Registration Process

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- A. Call the *QualityNet* Help Desk
- ✓ **B. Look at Section 4 in the PCHQR Program Manual**
- C. Check the Internet
- D. Ask your co-workers

Security Administrator/Non-Administrative User Registration Process

1. Access the internet, and then navigate to the *QualityNet* website located at <http://www.qualitynet.org>.
2. On the Home page, left side of the screen, under section labeled *QualityNet Registration*, Select the **Cancer Hospitals** hyperlink as shown below.



3. Select the **Security Administrator** or **Basic User** link on the *QualityNet Registration PPS-Exempt Cancer Hospitals* page as shown below.

Section 4:

PCHQR *QualityNet* Registration Process

Before logging in to the QualityNet Secure Portal for the first time, a user must complete the New User Enrollment Process. The prerequisites for this process are:

- A. A completed *QualityNet* registration
- B. Receipt of the applicable User Roles assigned by your Security Administrator
- C. Sending an email to the *QualityNet* Help Desk
- D. Creation of your own account

Section 4:

PCHQR *QualityNet* Registration Process

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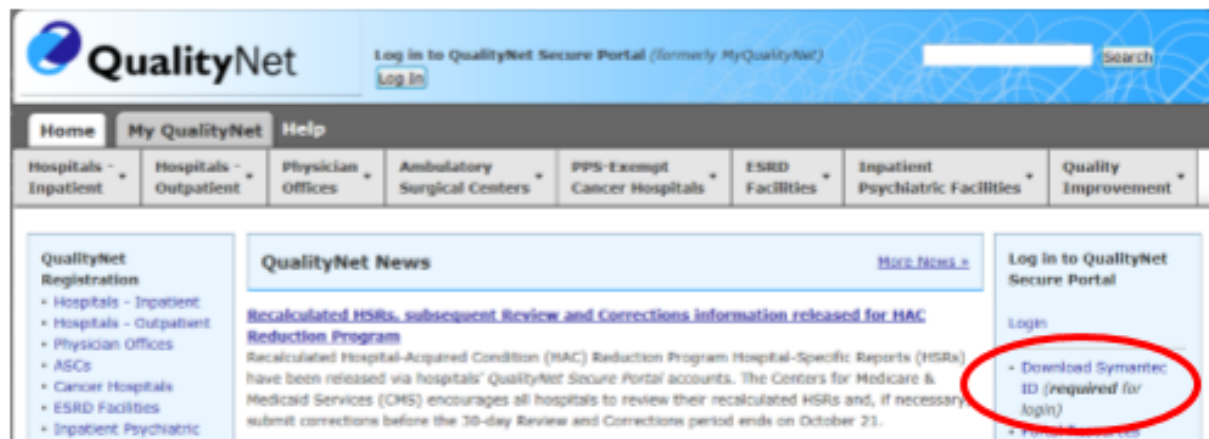
QualityNet Secure Portal Access

Before logging in to *QualityNet Secure Portal* for the first time, a user must complete the New User Enrollment Process. The prerequisites for this process are:

- A completed *QualityNet* Registration
- Receipt of the applicable user roles assigned by your facility security administrator
- A Symantec VIP multifactor credential application in order to obtain VeriSign, an authentication service that enables secure access to networks and applications.

To download the multifactor authentication application to a PC or tablet:

1. Access the Verisign ID Protection Center website:
<https://idprotect.vip.symantec.com/mainmenu.v>



2. Select the **Download Symantec ID** link.

The VeriSign ID Protection Center page will appear.

Section 7: Data Accuracy and Completeness Acknowledgement

Last year around August I kept hearing the acronym, “DACA.” Where can I find information about the “DACA?”

- A. Search the Internet
- B. Email my best friend
- C. Check the PCHQR Program Manual
- D. Call the *QualityNet* Help Desk

Section 7: Data Accuracy and Completeness Acknowledgement

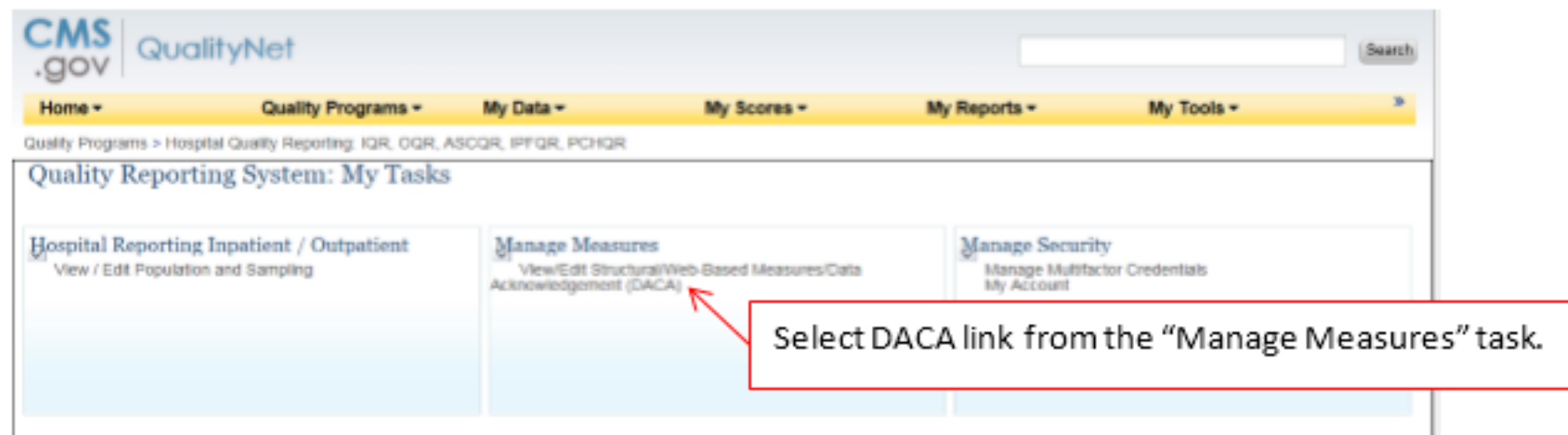
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- A. Search the Internet
- B. Email my best friend
- ✓ C. Check the PCHQR Program Manual**
- D. Call the *QualityNet* Help Desk

Section 7: Data Accuracy and Completeness Acknowledgement

Beginning with Program Year 2015, PCHs should complete an online Data Accuracy and Completeness Acknowledgement to attest to the accuracy and completeness of the entered data.

The DACA must be completed annually by the August 31 submission deadline, prior to the respective PCHQR Program year. For example, for Program Year 2016, the DACA should be completed by August 31, 2015. The DACA web application is accessible annually between July 1 and August 31, as shown in the example below:



The screenshot displays the CMS QualityNet interface. At the top left is the CMS.gov logo and 'QualityNet'. A navigation bar contains links for Home, Quality Programs, My Data, My Scores, My Reports, and My Tools. Below this is a breadcrumb trail: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR. The main content area is titled 'Quality Reporting System: My Tasks' and features three task cards. The middle card, 'Manage Measures', includes a sub-link 'Acknowledge (DACA)'. A red arrow points from a text box to this link. The text box contains the instruction: 'Select DACA link from the "Manage Measures" task.'

1. On the next screen select **PPS Exempt Cancer Hospitals DACA**.

Section 8:

Accessing and Reviewing Reports

There are PCHQR reports that show the clinical data, such as CLABSI, and also our HCAHPS data. Where can I find information about accessing these reports?

- A. Call the *QualityNet* Help Desk
- B. Look at the PCHQR Manual, Section 8
- C. Ask your IT staff
- D. Ask a team member

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- ✓ B. **Look at the PCHQR Manual, Section 8**
- C. Ask your IT staff
- D. Ask a team member

Accessing and Reviewing PCHQR Reports

The PCHQR reports currently available in the *QualityNet Secure Portal* are the:

- PPS-Exempt Cancer Hospital Report
 - Frequently referred to as 'Facility Report'
- HCAHPS reports
- Public Reporting Preview Report
 - Available during 30-day Preview Period

Section 8: Accessing and Reviewing Reports

Report(s) described in this section are helpful in monitoring PCH status as it relates to the PCHQR program. The reports should be used as a reference tool only.

Types of Reports

PCHQR Facility Report

The facility report is specific to the facility accessing the report.

To run a Hospital Reporting-PPS-Exempt Cancer Hospitals Facility Report:

1. Select **Run Reports** from the *My Reports* drop-down menu in the yellow tool bar near the top of the summary screen.
2. Select the **Run Report(s)** tab.
3. Choose **PCHQR** for Report Program and **PPS-Exempt Cancer Hospital – Feedback Reports** for Report Category. Then, select the **VIEW REPORTS** button.
4. Select the **PPS-Exempt Cancer Hospital Report**.
5. Enter your desired report parameters, and select the Fiscal Year from the drop-down list, for example **2015**.
6. Select the **Run Report** button.
7. Select the **Search Reports** tab.
8. Select the new report and open it.

Report Run Date: 08/13/2015 Page 1 of 6

Hospital Reporting – PPS-Exempt Cancer Hospital Report
Provider Name: _____
CCN: _____
Fiscal Year: 2015
Exception Form on File: No

Measure Set: HAI	Measure: CLABSI	
Oncology Location Type	Numerator	Denominator
Discharge Quarter: 01/01/2014 - 03/31/2014 Last NHSN Update: 05/18/2015		
Medical-Surgical Critical Care	2	857
Leukemia/Lymphoma Ward	19	1986
Solid Tumor Ward	1	1209
Hematopoietic Stem Cell Transplant Ward	3	2420
General Hematology/Oncology Ward	4	1722
Step Down Unit	(N/A)1	572
Discharge Quarter: 04/01/2014 - 06/30/2014 Last NHSN Update: 05/18/2015		
Medical-Surgical Critical Care	9	868

Section 9: Public Reporting of PCHQR Data

Where can I find information about the PCHQR measures displayed in Public Reporting and on Hospital Compare and the schedule for display?

- A. Check the National Quality Forum
- B. Email the NHSN Help Desk
- C. Email the *QualityNet* Help Desk
- D. Refer to the PCHQR Manual, Section 9

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Section 9: Public Reporting of PCHQR Data

Background

Section 1886(s)(4)(E) of the Social Security Act requires the Secretary of Health and Human Services to establish procedures for making the data submitted under the PCHQR program available to the public.

The Department of Health & Human Services (HHS) hosts the *Hospital Compare* website, <http://www.hospitalcompare.hhs.gov/> which publicly reports hospital performance on numerous measures. *Hospital Compare* is designed to make meaningful, relevant and easily understood information about hospital performance accessible to the public and to inform and encourage efforts to improve care quality. Accessibility and use of performance information spurs positive changes in healthcare delivery.

Public Display Timeline

The PCHQR program has quality of care data publicly displayed on a rolling quarter basis. The data are published four times each year beginning in December 2014 and subsequent Program years. For the *Hospital Compare* 2015 releases, the three (3) Cancer Specific Treatment measures are displayed on the table below.

<i>Hospital Compare</i> Release	Measures	Quarters Displayed
April 2015	PCH-1, PCH-2	Q1, Q2, Q3, Q4 2013
July 2015	PCH-1, PCH-2	Q2, Q3, Q4 2013 and Q1 2014
October 2015	PCH-1, PCH-2 PCH-3	Q3, Q4 2013 and Q1, Q2 2014 Q1, Q2, Q3, Q4 2013
December 2015	PCH-1, PCH-2 PCH-3	Q4, 2013 and Q1, Q2, Q3 2014 Q2, Q3, Q4 2013 and Q1 2014

For *Hospital Compare* and other reporting, the PCHQR measures are often identified by a PCH numbering system.

PCH-1 = Adjuvant chemotherapy is considered or administered with positive lymph node colon cancer.

PCH-2 = Combination chemotherapy is considered or administered with Stage II or Stage III hormone receptor negative breast cancer.

PCH-3 = Adjuvant hormonal therapy.

Section 10: Resources

Where can I find a good listing of all the resources that are available to help me with the PCHQR Program?

- A. Section 10 of the PCHQR Manual
- B. Call one of the other PCHs
- C. Look on the Internet
- D. Call the Help Desk

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Section 10: Resources

The following information contains additional resources available for PCHs participating in the CMS PCHQR Program.

For resources and tools from the PCHQR Support Contractor, users can access the website <http://www.QualityReportingCenter.com>. Data collection tools, timelines, and calendars, as well as other valuable resources, can be located on this website. In the dropdown menu for the Inpatient tab, select the PCHQR Program.

National Provider Webinars are provided by CMS and by the PCHQR Support Contractor on a routine basis. The slides from each of the education sessions are published to the QualityNet website and are available for review under the *PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)* tab by selecting the **Webinars/Calls** link from the drop-down menu.

PCHQR ListServe

To receive important PCHQR program updates and notifications, please subscribe to the ListServe on the *QualityNet* website. On the left side of the page, navigate to the *Join ListServes* box and select the **Notifications and Discussions** link. Enter your User Information, Check the box next to *PPS-Exempt Cancer Hospitals Quality Reporting Program*, select any other notifications desired, and click **Submit**.

Questions & Answers

The CMS Q&A Tool is also a good resource for program information. The tool is intended to help users quickly find program answers when they are needed. The Q&A Tool can be accessed from

Upcoming PCHQR Events

2016 DATES	EVENTS
February 25	To Be Determined
March 24	To Be Determined
April 28	<i>PCH Analysis of LabID Event Reporting</i>
May 26	<i>FY 2017 PCHQR Proposed Rule</i>
June 23	<i>Using NHSN for Reporting Influenza Vaccination Among Healthcare Personnel</i>
July 28	To Be Determined
August 25	<i>FY 2017 Final Rule</i>

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.

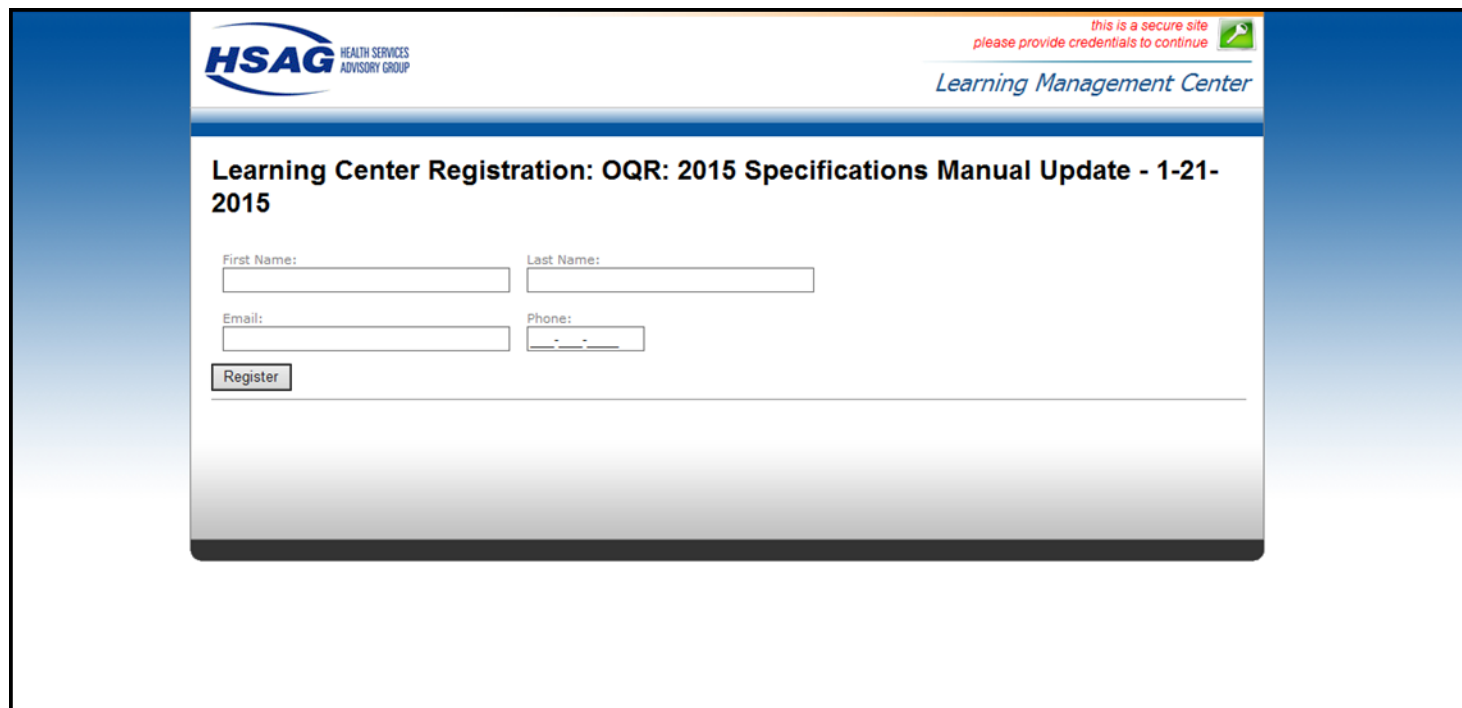
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

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 registration form for a CE credit course. At the top left is the HSAG logo (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 lock icon. Below this is the text "Learning Management Center". The main heading of the form is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". Below the "First Name" and "Last Name" fields is a "Register" button. The "Phone" field has a small format guide showing dashes and a leading zero.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

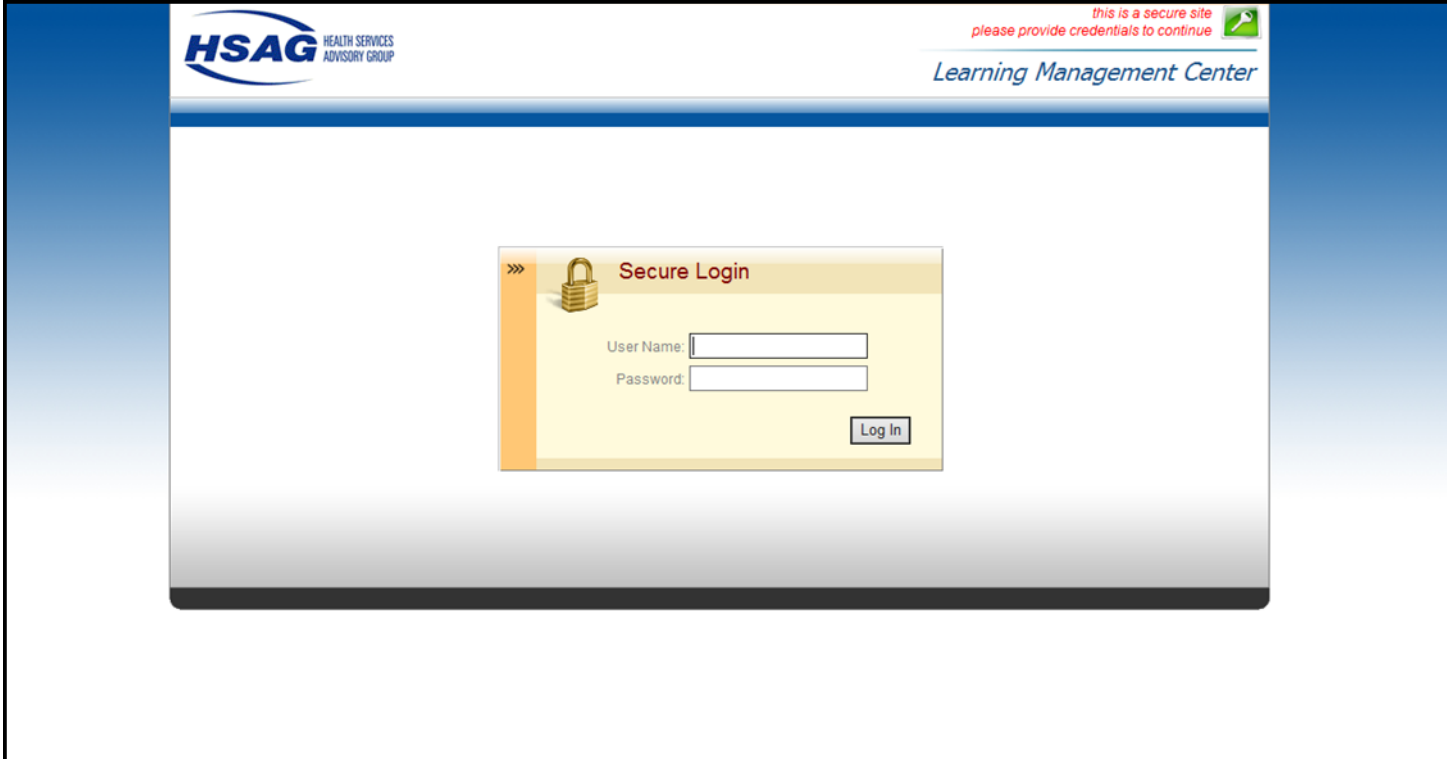
Learning Management Center

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

First Name: Last Name:

Email: Phone:

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 gold padlock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

QUESTIONS?
